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Attorneys for BNSF Railway Company

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MONTANA
MISSOULA DIVISION**

BNSF RAILWAY COMPANY, on
behalf of THE UNITED STATES OF
AMERICA

Plaintiff,
vs.

THE CENTER FOR ASBESTOS
RELATED DISEASE, INC.,

Defendant.

Civil Action No.: CV-19-40-M-DLC

**BNSF'S NOTICE OF FILING TRIAL
EXHIBITS 2 THROUGH 25**

Relator, BNSF Railway Company (“BNSF”), by and through its attorneys of record, Knight Nicastro MacKay, LLC, files herewith electronic versions of Trial Exhibits 2 through 25 offered by BNSF and admitted into evidence during the trial of this matter.

DATED this 8th day of July, 2023.

KNIGHT NICASTRO MACKAY, LLC

By: /s/ W. Adam Duerk

W. Adam Duerk

Attorneys for BNSF Railway Company

Environmental Health Hazards Checklist

Medicare Coverage for Individuals Exposed to Environmental Health Hazards

		Step 1: Identify the individual. (Completed by the field office)	
First Name – Middle Initial – Last Name	<i>Cathie A. Sullivan</i>		
Social Security Number	Date of Birth	154	

Step 2: Identify the asbestos-related condition(s) and its date of diagnosis. (Completed by the provider)		
Check the box next to the diagnosed impairment(s) and print the date of diagnosis.		
Impairment	Diagnosis Code	Minimum Medical Evidence Required
<input type="checkbox"/> Asbestosis	5010	Interpretation by a B reader qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician
<input checked="" type="checkbox"/> Pleural thickening Pleural plaques	5010	Interpretation by a B reader qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician
<input type="checkbox"/> Mesothelioma	1630	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage or bronchoscopy report
<input type="checkbox"/> Malignancy of the lung	1620	Established by pathologic examination of biopsy tissue, cytology from bronchioalveolar lavage or bronchoscopy report
<input type="checkbox"/> Malignancy of the colon	1530	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the rectum	1530	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the larynx	1950	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the stomach	1510	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the esophagus	1500	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the pharynx	1950	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the ovary	1830	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Individual does not have an impairment listed above		
Date of Diagnosis:		

Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider)		
This individual was present in Lincoln County, Montana, during the following time period(s):	<i>1998 To Present</i>	
Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (SSA will develop presence.)		

Printed Name:	Physician's Signature:	Date:
<i>Brad Black MD</i>	<i>Brad Black, MD</i>	<i>07/02/13</i>

0001



**Authorization for Services through the
Medicare Pilot Program for Asbestos Related Disease**

A health maintenance program has been requested for Cathie Sullivan due to the presence of Asbestos Related Disease. This service has been determined to be medically necessary by Dr. B. Black and has been incorporated into the care plan established.

The care plan has been reviewed by the Care Coordinator for the Medicare Pilot Program for Asbestos Related Disease. This service has been determined to be medically necessary for the condition described above and has been approved for payment through the Medicare Pilot Program for Asbestos Related Disease. This prior authorization is effective from 2/1/14 to 2/1/15 and will require review of the care plan and further authorization at that time.

Pilot Effective Date: 2/1/14

Services By: MT Athletic Club

Approved:

Date: 1/10/14



Name: Sullivan, Catherine

DOB: [REDACTED] /1954

Date:

0002

WHOSE Records to be Disclosed		Form Approved OMB No. 0930-0610
NAME (First Middle Last)		
<i>Beth A. Sullivan</i>		
SSN	Birthday	
[REDACTED]	[REDACTED]	[REDACTED] 54

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):
OF WHAT *All my medical records; also, education records and other information related to my ability to perform tasks. This includes specific permission to release:*

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc., including mental health, correctional, addiction treatment, and VA health care facilities)
- All educational sources (schools, teachers, resource specialists, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiner/s used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/OODS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

TO WHOM The Social Security Administration and to the State agency authorized to process my claim (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability, and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be reclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY IF not signed by subject of disclosure, specify basis for authority to sign
INDIVIDUAL authorizing disclosure

SIGN ►

Beth A. Sullivan

Date Signed

6/21/13

Street Address

[REDACTED]

State: *MT* Zip: *59923*

(Parent/guardian/personal representative sign here if two signatures required by State law) ►

[REDACTED]

WITNESS: I know the person signing this form or am satisfied of this person's identity.

SIGN ►

Phone Number (or Address)

If needed, second witness sign here (e.g., if signed with "X" above)

SIGN ►

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S.C. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-827 (4-2009) ed. (04-2009) Use 2-2003 and Later Editions Until Supply is Exhausted

Page 1 of 2

0003

Exhibit 2-3



214 East 3rd Street Libby, Montana 59923 (406)293-9274 Fax:(406)293-9280

Date: 06/25/13

Patient Name: Catherine A. Sullivan

D.O.B. [REDACTED] /54

Patient was confirmed to have a positive radiographic read consistent with an asbestos related disease. Results differed from CARD read, which was read as negative. Patient was contacted and given outside read results and offered benefits.

This read does not constitute a clinical diagnosis but is considered a diagnosis based on legislative language found in The Affordable Health Care Act. By law this CT/B read allows patient access to various benefits such as Medicare. Patient also qualifies for the Medicare Pilot program for Asbestos related Disease in Lincoln and Flathead Counties.

A handwritten signature in black ink that appears to read "Catherine Sullivan" followed by "MSW LLC MSW".

0004

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0001

0005

Exhibit 2-5

1544192534 MONTH DAY YEAR 11 05 2012 WORKER'S Social Security Number ID# 447 426	DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL & PREVENTION National Institute for Occupational Safety and Health Federal Mine Safety and Health Act of 1977 Medical Examination Program ROENTGENOGRAPHIC INTERPRETATION	OMR No : 0920-C020 Coal Workers' Health Surveillance Program NIOSH PO Box 4258 Morgantown, West Virginia 26504																																													
Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.		FACILITY IDENTIFICATION 2 X 0 4 9																																													
1. FILM QUALITY <input type="checkbox"/> Overspeed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> VR <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Meade <small>(If two, circle 1, mark all three that apply)</small> <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____																																															
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/> Proceed to Section 2B NO <input checked="" type="checkbox"/> Proceed to Section 3A																																															
2B. SMALL OPACITIES <small>↑ SUPERSEDES ↓</small> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 15%;">PRIMARY</td> <td style="width: 15%;">SECONDARY</td> <td style="width: 15%;">L ZONES</td> <td style="width: 15%;">R ZONES</td> <td style="width: 15%;">INCISION</td> </tr> <tr> <td>P S</td> <td>P S</td> <td>UPPER</td> <td>L</td> <td>Q R M</td> </tr> <tr> <td>Q T</td> <td>Q T</td> <td>MIDDLE</td> <td>L</td> <td>U J J</td> </tr> <tr> <td>R N</td> <td>R N</td> <td>LOWER</td> <td>L</td> <td>Z V V</td> </tr> </table> 2C. LARGE OPACITIES <small>↓ SUPERSEDES ↑</small> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 15%;">SIZE</td> <td style="width: 15%;">A</td> <td style="width: 15%;">B</td> <td style="width: 15%;">C</td> <td style="width: 15%;">D</td> </tr> <tr> <td>0</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			PRIMARY	SECONDARY	L ZONES	R ZONES	INCISION	P S	P S	UPPER	L	Q R M	Q T	Q T	MIDDLE	L	U J J	R N	R N	LOWER	L	Z V V	SIZE	A	B	C	D	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/> Proceed to Section 3B NO <input type="checkbox"/> Proceed to Section 3A																																															
3B. PLEURAL PLAQUES <small>↓ SUPERSEDES ↑</small> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 15%;">Clear wall</td> <td style="width: 15%;">Opacified</td> <td style="width: 15%;">Front (antero-posterior), medial/lateral</td> <td style="width: 15%;">Front (antero-posterior), medial/lateral</td> <td style="width: 15%;">Rear (postero-anterior), medial/lateral</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> R L</td> <td><input type="checkbox"/> R L</td> <td>Up to 1/4 of front clear wall = 1 1/4 to 1/2 of front clear wall = 2 > 1/2 of front clear wall = 3</td> <td>Up to 1/4 of rear clear wall = 1 1/4 to 1/2 of rear clear wall = 2 > 1/2 of rear clear wall = 3</td> </tr> <tr> <td>Front</td> <td><input type="checkbox"/> R L</td> <td><input type="checkbox"/> R L</td> <td></td> <td></td> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> R L</td> <td><input type="checkbox"/> R L</td> <td></td> <td></td> </tr> <tr> <td>Other(s)</td> <td><input type="checkbox"/> R L</td> <td><input type="checkbox"/> R L</td> <td></td> <td></td> </tr> </table> 3C. COSTOPHRERIC ANGLE OBSTRUCTION <small>↑ SUPERSEDES ↓</small> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 15%;">R/L</td> <td style="width: 15%;">Front (posterior)</td> <td style="width: 15%;">R/L</td> <td style="width: 15%;">Front (posterior)</td> </tr> <tr> <td>Clear wall</td> <td><input type="checkbox"/> R L</td> <td><input type="checkbox"/> R L</td> <td>Up to 1/4 of lateral clear wall = 1 1/4 to 1/2 of lateral clear wall = 2 > 1/2 of lateral clear wall = 3</td> </tr> <tr> <td>In profile:</td> <td><input type="checkbox"/> R L</td> <td><input type="checkbox"/> R L</td> <td></td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> R L</td> <td><input type="checkbox"/> R L</td> <td></td> </tr> </table>			Clear wall	Opacified	Front (antero-posterior), medial/lateral	Front (antero-posterior), medial/lateral	Rear (postero-anterior), medial/lateral	In profile	<input type="checkbox"/> R L	<input type="checkbox"/> R L	Up to 1/4 of front clear wall = 1 1/4 to 1/2 of front clear wall = 2 > 1/2 of front clear wall = 3	Up to 1/4 of rear clear wall = 1 1/4 to 1/2 of rear clear wall = 2 > 1/2 of rear clear wall = 3	Front	<input type="checkbox"/> R L	<input type="checkbox"/> R L			Diaphragm	<input type="checkbox"/> R L	<input type="checkbox"/> R L			Other(s)	<input type="checkbox"/> R L	<input type="checkbox"/> R L			R/L	Front (posterior)	R/L	Front (posterior)	Clear wall	<input type="checkbox"/> R L	<input type="checkbox"/> R L	Up to 1/4 of lateral clear wall = 1 1/4 to 1/2 of lateral clear wall = 2 > 1/2 of lateral clear wall = 3	In profile:	<input type="checkbox"/> R L	<input type="checkbox"/> R L		Face on	<input type="checkbox"/> R L	<input type="checkbox"/> R L					
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4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> Proceed to Section 4B, 4C, 4D, 4E NO <input checked="" type="checkbox"/> Proceed to Section 3A																																															
4B. OTHER SYMBOLS (OBIGATORY) <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> at</td> <td><input type="checkbox"/> at</td> <td><input type="checkbox"/> at</td> <td><input type="checkbox"/> ca</td> <td><input type="checkbox"/> cg</td> <td><input type="checkbox"/> en</td> <td><input type="checkbox"/> ep</td> <td><input type="checkbox"/> ev</td> <td><input type="checkbox"/> dt</td> <td><input type="checkbox"/> cf</td> <td><input type="checkbox"/> wa</td> <td><input type="checkbox"/> ts</td> <td><input type="checkbox"/> B</td> <td><input type="checkbox"/> hi</td> <td><input type="checkbox"/> ho</td> <td><input type="checkbox"/> al</td> <td><input type="checkbox"/> ih</td> <td><input type="checkbox"/> kl</td> <td><input type="checkbox"/> mc</td> <td><input type="checkbox"/> pa</td> <td><input type="checkbox"/> pi</td> <td><input type="checkbox"/> tu</td> <td><input type="checkbox"/> m</td> <td><input type="checkbox"/> ip</td> <td><input type="checkbox"/> th</td> </tr> </table> <small>If other diseases or significant abnormalities, findings must be recorded on reverse, (Section 4C/4D)</small> Name: _____ Date Physician or Worker utilized? CITY: _____ STATE: _____ DAY: _____ YEAR: _____			<input type="checkbox"/> at	<input type="checkbox"/> at	<input type="checkbox"/> at	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> en	<input type="checkbox"/> ep	<input type="checkbox"/> ev	<input type="checkbox"/> dt	<input type="checkbox"/> cf	<input type="checkbox"/> wa	<input type="checkbox"/> ts	<input type="checkbox"/> B	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> al	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> mc	<input type="checkbox"/> pa	<input type="checkbox"/> pi	<input type="checkbox"/> tu	<input type="checkbox"/> m	<input type="checkbox"/> ip	<input type="checkbox"/> th																				
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4C. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Proceed to Section 3																																															
5. PHYSICIAN'S Social Security Number* <small>* Forbidding your social security number is voluntary. You are free to provide it or refuse to provide it after you right to confidentiality in this program.</small> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> FILM READER'S INITIALS MONTH DAY YEAR _____ 3 13 -13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
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LASTNAME - STREET ADDRESS: Szeinuk 301 SENECA HILLS ESTATES CITY: NEW YORK ZIP CODE: 10029 <small>CDC/NIOSH (M) 28 REV. 7/2007</small>																																															
																																															

0006

Exhibit 2-6

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0002

0007

Exhibit 2-7



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax(406)293-9280

Page 1 of 2

Date of Visit: 11/28/12

Sullivan, Catherine DOB: [REDACTED] 54

HPI/ROS:

CC: History of Libby amphibole asbestos exposure, self-referred for rescreening, with initial negative screening in 2010

PULM: Patient reports having a tightness in her chest associated with shortness of breath most days of the week, this occurs intermittently throughout the day and is usually associated with exertion. Has remained stable the past three years; denies recurrent cough, sputum production or wheeze

CARDIO: No chest pain or discomfort, no palpitations or presyncope. Tightness per above

CONST: Stable energy, sleep and appetite. No recurrent fever or rash

Functional Assessment:

No change in lifestyle secondary to health

Occupational/Social Hx:

Patient is self-employed photographer, married

Activities of Libby Amphibole Asbestos Exposure:

Lived in Libby 1980 to current; she watched baseball 15 days per year, gardened with vermiculite and recreacted in Rainy Creek six days per year over 14 years. Her home in 1998 was insulated with vermiculite

Tobacco History:

30 year pack history, quit smoking at 55

Family Hx:

Noncontributory

PHL:

PCP: None listed

Medical Illnesses: None

Medications reviewed with patient, on chart. Respiratory Meds: None

Surgeries: No history of chest surgery

Injuries/Accidents: No history of chest trauma

Allergies: Penicillin

Screenings/Imms: Due for colonoscopy

Objective:

VITALS: 102/64, heart rate 82, SpO2 96% on room air, temp 98.1

SPIROMETRY: Normal. FEC 100 11% FEV1 113% ratio 79

XRAY: Negative

HRCT: Per Dr. Black, no evidence of ARD

1

0008

Exhibit 2-8

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0003

0009

Exhibit 2-9



214 East 3rd Street Libby, Montana 59923 (406)293-9271 fax(406)293-9280

Page 2 of 2

Date of Visit: 11/28/12

Sullivan, Catherine DOB: [REDACTED] 54

GEN: well groomed, cooperative

LUNG: anterior and posterior lung sounds clear to auscultation throughout

CHEST: AP diameter normal, symmetrical excursion. No increased work of breathing.

CARDIO: HR, S1S2 Normal, no murmurs or extra heart sounds, no extremity edema

ENT: Oropharynx w/out drainage, no lesions seen tonsils not enlarged. Nares patent.

NECK: Trachea midline, no palpable cervical nodes. No JVD.

SKIN: No rashes or lesions noted skin smooth and hydrated.

M/S: Good posture, no kyphosis; wrists and hands without joint edema or erythema.

NEURO: CN II-IX grossly intact, oriented to person, place, and time.

Assessment: History Libby amphibole asbestos exposure-normal screening

Plan:

Labs: FORT previously given

Follow up: Rescreen in 12 months with chest x-ray and PFT

Patient Education: ARD- Anatomy & Physiology, Complications, Disease Process, Follow-up, Testing,- Good understanding

Michelle Boltz, FNP-C

Michelle Boltz, FNP-C, APRN 11/28/12

b-12/6/12

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0004

0011

Exhibit 2-11

(2)



214 East 3rd Street Libby, Montana 59223 (406) 293-9274 / (406) 293-9280

Date 4/28/12 Name Shelley, Carolynne New pt screen/CT DOB [REDACTED] /54

Chief Complaint New pt screen/CT F/U - pt colonoscopy - FOBT given, last visit lost, re-given. Demands most chg. of marked breath
History statuted since last visit - all symptoms occ

BP 162/64 Pulse 83 SPO2 96 Temp 98.7 Weight [-]

General Skin _____

HEENT _____

Heart _____

Lungs _____

Extremities _____

Neuro _____

CXR _____ PFT _____

Impression/Diagnosis:

Plan:

Counsel/Education:

Time spent w/ patient: (circle one) 15" 25"-30" 45" >45"

Signature Wm. M. M. Date _____
D:\Office\forms and files\CARD forms\2010\Doctor Notes Template Revision 1.doc

0012

Exhibit 2-12

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0005

0013

Exhibit 2-13

>09 SJLH (106)293-0100 The info contained in this fax is privileged and confidential and is for the sole use of the intended recipient

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: SULLIVAN,CATHERINE A Date: 11/26/12
Patient BD: 1954 Patient location: L,IMAGING Rm #:
Ordering Dr: BOLTZ, MICHELLE L FNP

cc:
BOLTZ,MICHELLE L FNP

11/27/12

PROCEDURE: CHEST CT SCAN - WITHOUT CONTRAST

INDICATIONS: HISTORY OF ASBESTOS EXPOSURE WITH DYSPNEA.

COMPARISON: No prior CT scans available for comparison.

FINDINGS: No pleural-based thickening or plaquing is noted. No calcifications or fluid is noted in the pleural spaces. No plaques noted on either hemidiaphragm. No interstitial fibrosis. The lungs are clear. The heart is normal in size. No pericardial effusion. Mediastinal lymph nodes are mildly prominent but nonspecific. No axillary adenopathy is appreciated. The upper abdomen that is imaged is unremarkable in appearance.

CONCLUSION:

NORMAL CT SCAN OF THE CHEST. NO EVIDENCE FOR PREVIOUS ASBESTOS EXPOSURE.

J: 91781

Dictated by: STEPHEN BECKER , M.D.

<<Signature on File>>
Electronically signed by: BECKER, STEPHEN , M.D.
11/27/12 1544

BECST:jw6
11/26/12 1457 11/27/12 1244

IMAGING REPORT - MEDITOR

NAME: SULLIVAN,CATHERINE A MR#: M000043104 ACCT#: AA0000754784
Rpt#: 1127-0036

0014

Exhibit 2-14

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0006

0015

Exhibit 2-15

121 SJLH (400)293-0138 The info contains this fax is privileged and confidential for the sole use of the intended recipient

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: signed

Patient: SULLIVAN, CATHERINE A Date: 11/05/12
Patient BD: [REDACTED] 1954 Patient location: LIMAGING Rm #:
Ordering Dr: BLACK, BRAD M.D.

cc:
BLACK, BRAD M.D.

PROCEDURE: RADIOGRAPH: PA CHEST, SINGLE VIEW

COMPARISON: ST. JOHN'S LUTHERAN HOSPITAL, RAD, CHEST, SINGLE VIEW, 2/22/2010, 9:46.

INDICATIONS: History of asbestos exposure.

FINDINGS: PA chest shows no cardiac enlargement or peripheral vascular congestion. The trachea is near midline. The lungs are free of infiltrates and pleural effusions. No significant pleural changes are identified.

CONCLUSION: STABLE CHEST SHOWING NO CARDIOPULMONARY CHANGES.

Dictated by: Anders G. Englund, MD, on 11/05/2012 at 8:45

Transcribed by: LS on 11/05/2012 at 11:08

Electronically Signed by: Anders G. Englund, MD, on 11/06/2012 at 17:39

Dictated by: HUGH B CECIL M.D., M.D.

Electronically signed by: CECIL, HUGH B M.D., M.D.
11/07/12 1618

CECHU/s4
11/05/12 0845 11/05/12 1108

✓

IMAGING REPORT - MEDITOR

NAME: SULLIVAN, CATHERINE A MR#: M000043104 ACCT#: AA0000754043
Rpt#: 1107-0040

0016

Exhibit 2-16

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0007

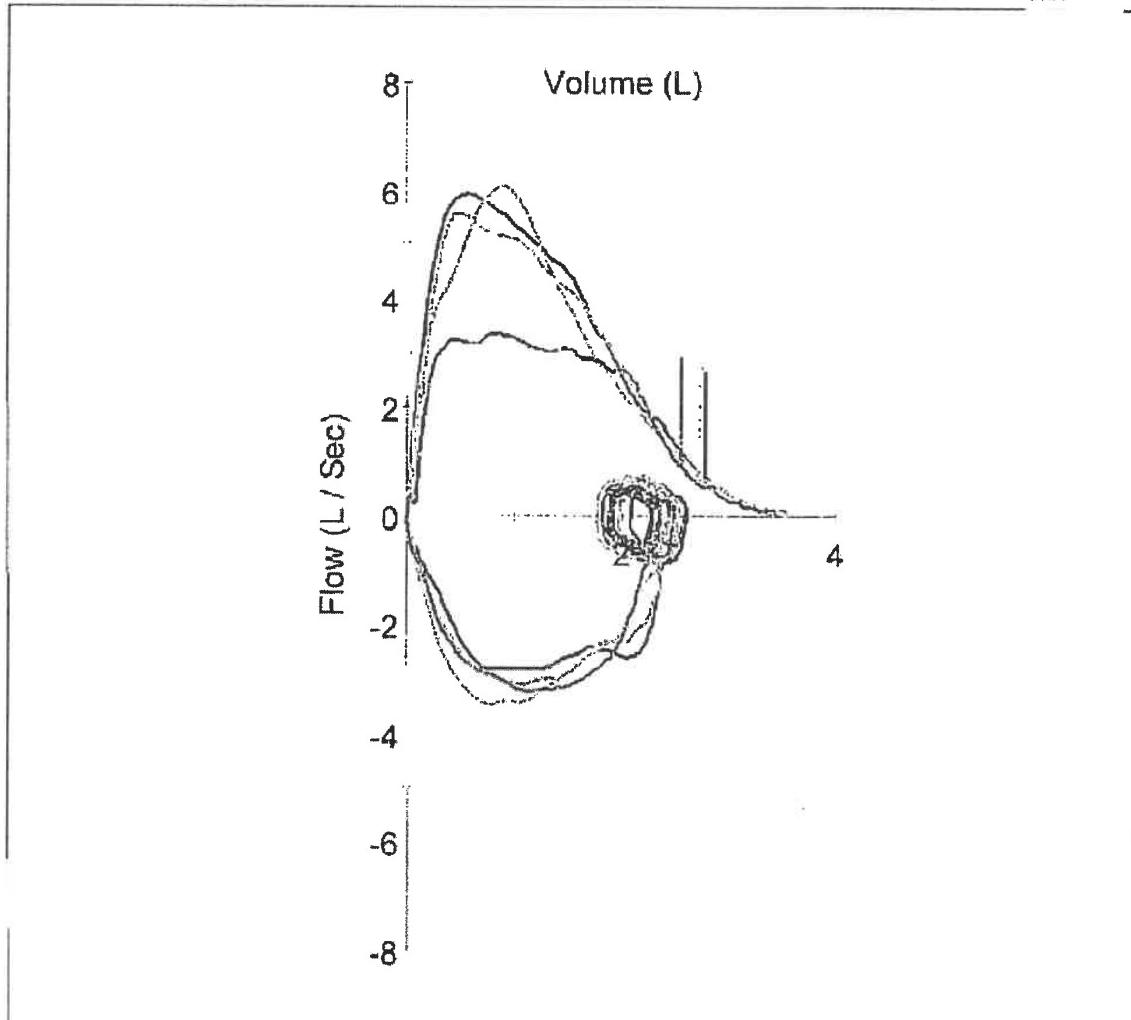
0017

Exhibit 2-17

Center For Asbestos Related Disease
214 East 3rd Street
Libby, MT, 59923

Name:	Sullivan, Catherine A	ID:	447426	BSA:	1.57	Date:	11/05/2012
Tech:	Storkson, Linda	Height:	62.60	Age:	58	Room:	
Doctor:		Weight:	124.00	Sex:	Female	Race:	Caucasian

Time	Select	ATS	FVC	FVC	FEV1	FEV1	FEV1/FVC	FEF 25-75%	FEF 25-75%	FEF Max
			absolute	% p/e	absolute	% p/e	absolute	absolute	% p/e	absolute
Pre										
08:45:08	*		3.54	111	2.77	112	78	2.53	107	5.53
08:44:39	*	back c	3.54	110	2.76	111	78	2.40	101	6.09
08:43:11	*		3.45	108	2.81	113	81	2.82	120	5.94
08:45:38	*		3.46	108	2.58	104	74	2.27	96	4.33
Composite	B		3.54	111	2.81	113	79	2.53	107	6.09



0018

Exhibit 2-18

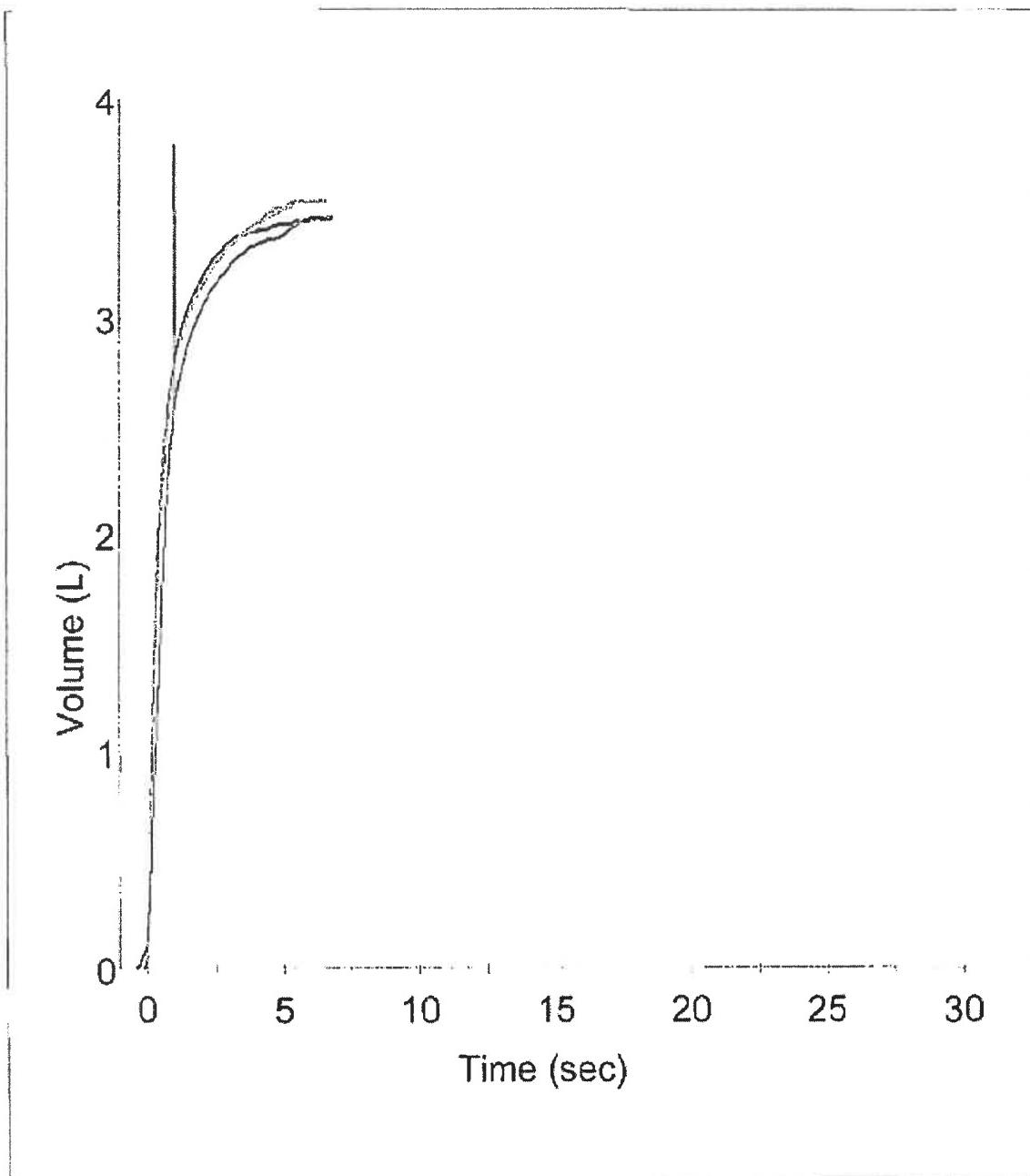
SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0008

0019

Exhibit 2-19

Center For Asbestos Related Disease
214 East 3rd Street
Libby, MT, 59923

Name:	Sullivan, Catherine A	ID:	447426	BSA:	1.57	Date:	11/05/2012
Tech:	Storkson, Linda	Height:	62.60	Age:	58	Room:	
Doctor:		Weight:	124.00	Sex:	Female	Race:	Caucasian



0020

Exhibit 2-20

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0009

0021

Exhibit 2-21



214 East 3rd Street, Libby, Montana 59923 (406)293-9274 Fax (408)293-9280

Date 447426-1 Name SULLIVAN, CATHERINE A. DOB 11-05-2012 1954

Chief Complaint _____

History _____

BMI
22.25

BP 119/168 Pulse 118pm SPO2 97% Temp 97.5 Weight 124 lbs

General Skin _____

HEENT _____

Heart _____

Lungs _____

Extremities _____

Neuro _____

CXR _____ PFT _____

Impression/Diagnosis:

Plan:

Counsel/Education:

Time spent w/ patient: (circle one) 15" 25"-30" 45" >45"

Signature _____ Date 11-5-18

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0022

Exhibit 2-22

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0010

0023

Exhibit 2-23



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax:(406)293 9280

Please list all medications you are prescribed on this form & next appointment.

447426-1 11-05-2012
SULLIVAN, CATHERINE A. [REDACTED] -1954
[REDACTED] INFORMATION LIST

Name: Cathie Sullivan DOB: 1954

Pharmacy: _____ Allergies: Peanut Allergy

Primary Care Provider: _____

0024

Exhibit 2-24

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0011

0025

Exhibit 2-25

2021 RELEASE UNDER E.O. 14176 THIS DOCUMENT IS UNCLASSIFIED AND CONFIDENTIAL AND IS FOR THE SOLE USE OF THE INTENDED RECIPIENT. Page

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: SULLIVAN, CATHERINE A
Patient DOB: [REDACTED] 1954
Ordering Dr: BLACK, BRAD M.D.

Date: 02/22/10
Patient location: L-IMAGING Rm #:

cc:
BLACK, BRAD M.D.

HISTORY/REASON FOR EXAM:
ASBESTOS EXPOSURE.

CHEST/SINGLE VIEW

The heart, lungs, and mediastinum are unremarkable. There is no pleural thickening. No pleural plaques. No interstitial fibrosis.

IMPRESSION:
NORMAL CHEST.

Dictated by: STEPHEN BECKER, M.D.

[Signature] <--> Signature on File <-->
Electronically signed by: BECKER, STEPHEN, M.D.

BECST/lw6
02/22/10 0957 02/23/10 0003

✓

IMAGING REPORT

NAME: SULLIVAN, CATHERINE A

MR# M000043104

ACCT#: AA0000855537

Rpt#: 0223-0002

0026

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-0012

0027

Exhibit 2-27



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax (406)293-9280

Date 2-22-10 Name SULLIVAN, CATHERINE DOB [REDACTED] -54

Chief Complaint CARD Screening

History Recent household exposure w/ [REDACTED] noted.

BP 130/85 Pulse 81 Respirations 14 Temp 98.7 Weight 123 / 52.6

General Skin _____

HEENT _____

Heart _____

Lungs _____

Extremities _____

Neuro _____

CXR _____ PFT _____

Impression/Diagnosis: CXR (-) OLT ordered
referral to PCP for chest tightness
Lyn recall FUBT

Plan:

Counsel/Education:

Time spent w/ patient: (circle one) 15" 25"-30" 45" >45"

Signature Tina Shultz Date 2/22/10

0028

Exhibit 2-28

SULLIVAN_CATHIE_CARD_2-22-10 - 6-25-13-00

0029

Exhibit 2-29

**Authorization for Services through the
Medicare Pilot Program for Asbestos Related Disease**

A health maintenance program has been requested for Cathie Sullivan due to the presence of Asbestos Related Disease. This service has been determined to be medically necessary by Dr. B. Black and has been incorporated into the care plan established.

The care plan has been reviewed by the Care Coordinator for the Medicare Pilot Program for Asbestos Related Disease. This service has been determined to be medically necessary for the condition described above and has been approved for payment through the Medicare Pilot Program for Asbestos Related Disease. This prior authorization is effective from 2/1/14 to 2/1/15 and will require review of the care plan and further authorization at that time.

Pilot Effective Date: 2/1/14

Services By: MT Athletic Club

Approved:

Date: 1/10/14



Name: Sullivan, Catherine

DOB: [REDACTED] /1954

Date:



SULLIVAN_CATHIE-0001-0096

0030

Exhibit 2A-1

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7824819

ALISA M. KOVAL, M.D.
DEA No. FK3493933

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2363364

NAME Catherine Sullivan

DOB [REDACTED] / 1954

ADDRESS [REDACTED]

DATE 04/15/14

R Health Maintenance (M.A.C.)

5111 Pleural Disease

Refill	Time	[Signature]		Provider	Provider
Provider	Dispense As Written	[Signature]		Substitution Permitted	
[Redacted]					

Name: Sullivan, Catherine

DOB: [REDACTED] / 1954

Date:

SULLIVAN_CATHIE-0001-0097

0031

Exhibit 2A-2



Benefits

Patient Name: Catherine Sullivan

Date of Birth: [REDACTED] 1954

Encounter Date: 11/25/2015

EHH: 07/02/2013

Pilot: enrolled **Effective Date:** 02/01/2014

Health Maintenance

Expires: 02/01/2015

Pulse Oximeter: No

Improved Access: No

Completed by:

Black, Brad 11/25/2015 11:48 AM

Document Generated By: Mary Karen Caraway 11/25/2015 11:48 AM

SULLIVAN_CATHIE-0001-0082

0032

Exhibit 2A-3



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

Catherine Sullivan
[REDACTED]

Libby, MT 59923
11/6/13

Dear Cathie,

Thank you for participating in the CARD screening program. Some of these results have previously been given to you during your appointment on [REDACTED] This letter is a summary of those results. A copy of your provider's dictation is included for your records.

Our medical provider determined your chest x-ray and/or CT scan does not indicate any Asbestos Related Disease at this time. However you did receive a positive reading from an outside reader. While this does not constitute a clinical diagnosis, you are entitled to various benefits under the Affordable Care Act.

CARD screening includes sending your x-ray and/or CT scan to additional outside doctors trained in identifying occupational lung disease. It can take several months for this process to be completed. If the outside reader finds a significant abnormality or evidence of asbestos disease that was not previously identified, you will receive a letter or a phone call to advise you of the abnormality, any recommendations, and/or any benefits to which you are eligible for.

Again, thank you for participating in CARD's asbestos health screening. Please contact CARD with any questions regarding the contents of this letter or any other concerns.

Tami Reatz, LPN

SULLIVAN_CATHIE-0001-0071

0033

Exhibit 2A-4



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

January 3rd, 2014

Dear Catherine Sullivan DOB: [REDACTED]/54

The asbestos health screening that you participated in on 11/16/2012 included sending your chest CT scan images to radiologists outside of Libby, Montana for review. Sometimes, those radiologists identify abnormal findings that the local radiologists did not include in their reports. This process can take an extended amount of time, so these results are often delayed in being communicated to CARD and to the patient. Most of the findings are not problematic, but should be discussed with your primary care provider.

In addition to previously communicated abnormalities, your scan was found to include:

- Low density lesion in the right kidney, likely cystic
- Three small lung nodules measuring 3mm

Cysts are benign (non-cancerous) fluid filled structures. Cysts typically do not require any further intervention or follow-up. Sometimes patients or primary care providers choose to have an ultrasound to further evaluate cysts, which is something you should discuss with your primary care provider.

Lung nodules are often found on CT scans, and are usually benign (not cancerous). Because of your increased risk of lung cancer given the combination of tobacco use and asbestos exposure, CARD recommends CT follow-up of these nodules to verify stability.

You are eligible for a free CARD screening CT scan at this time which would verify stability of both the lung and kidney lesions that were identified.

CARD staff may have already contacted you, if not, call 293.9274 to schedule an appointment.

Please feel free to contact CARD with any additional questions you may have.

Michelle Boltz, FNP-C
Michelle Boltz, FNP-C, APRN

CC: PCP

1

Name: Sullivan, Catherine

DOB: [REDACTED] 1954

Date:

SULLIVAN_CATHIE-0001-0099

0034

Exhibit 2A-5

CARD
Center for Asbestos-Related Disease

Household Contact

Date: _____

SULLIVAN, CATHERINE 2-22-2010
DOB [REDACTED] 1954 447426

Filled in by CARD Patient ID: _____

	Yes	No	Not Sure	Refused	Earliest Year	Total Years
1. Did you ever share a household with a WR Grace worker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Did you share a household with a secondary contractor for WR Grace?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Did you share a household with anyone who may have had significant exposure to vermiculite who did NOT work at or for WR Grace?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3a. If you marked "Yes" to question 3, please elaborate on how this individual may have been exposed to vermiculite.						
<i>The following questions relate to the time you shared a household with a person who worked at or for WR Grace, or was otherwise exposed to vermiculite. For convenience, they will all be referred to as "Vermiculite Workers".</i>						
4a. How many days per year, on average, did the vermiculite worker in your household wear visibly dusty work clothes home? (0=Never, 255=Every work day)						4b. If 4a > 0, over how many years?
5a. How many days per year, on average, did the vermiculite worker in your household wear visibly dust-contaminated clothing in the household car? (0=Never, 255=Every work day)						5b. If 5a > 0, over how many years?
6a. How many days per year, on average, did you visit any of the WR Grace facilities where vermiculite was present?						6b. If 6a > 0, over how many years?
7. Did you ever spend time in other people's homes where a vermiculite worker lived?						If Yes, please complete 7a, 7b and 7c; otherwise form is complete
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Sure <input type="radio"/> Refused						
7a. How many hours, on average, would you spend when you went over to a vermiculite worker's house?						7b. How many days per year, on average, did you spend in other people's homes where a vermiculite worker lived?
7c. Over how many years?						

Note: All patients should answer 7, 7a, 7b and 7c; only patients who lived with a vermiculite worker will answer questions 4, 5 and 6.

Form 401 Rev. 4/30/2008 3h

CE

Name: Sullivan, Catherine

DOB: [REDACTED] 1954

Date:

SULLIVAN_CATHIE-0001-0125

0035

Exhibit 2A-6

CARD
Center for Asbestos Related Disease

Incidental Asbestos Exposure in Libby, MT

Date _____

SULLIVAN CATHERINE 2-22-2010
DOB [REDACTED] / 1954 447426

Filled in by CARD. Patient ID# [REDACTED]

The following series of questions ask about activities you might have taken part in that could have exposed you to Libby amphibole. We ask that you look over the list prior to your clinic visit to give yourself a chance to recall events that might have happened some time ago. The clinic staff will go over the form with you and assist in estimating the years, days and hours spent at each activity.

This Section Filled in by CARD.

# of Years	Days per Year	Hours per Day
14	6	2
291	15	3
29	15	2
29	90	1
29	20	1

Did you ever participate in the following activities during the time you lived in Lincoln County?

1. Recreational activities (hunting, hiking, etc) along Rainey Creek Road?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fishing on the Kootenai River near the mouth of Rainey Creek?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Playing in or watching games at the downtown ballfields?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Playing in or around the vermiculite piles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Using the Libby Middle School track beyond scheduled gym classes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heating vermiculite ore to make it expand or pop?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Cutting or collecting firewood near Rainey Creek Road?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Handling vermiculite insulation outside of any job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Gardening in soil that was observed or known to contain vermiculite?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Shoveling and/or hauling vermiculite outside of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Burning firewood in your home?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How regularly did you perform the following tasks in your residence?

Never	Yearly—a few times a year	Monthly—a few times a month	Weekly—a few times a week	Daily or almost daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Which cleaning method did you most often use? Damp cloth or mop Dry cloth, broom, or duster Not Applicable

What year did you first move to the Libby area? 1980

for clinic use only _____ Entered by _____ 

IncidentalAsbestos.org / ExIncidentalAsbestos.org/2008.htm

Name: Sullivan, Catherine

DOB: [REDACTED] / 1954

Date:

SULLIVAN_CATHIE-0001-0126

0036

Exhibit 2A-7

Occupational History (other than at WR Grace)																																																						
				Page 1	Date _____																																																	
CARD Center for Asbestos Related Disease																																																						
Patient		SULLIVAN CATHERINE 2-22-2010 DOB [REDACTED] -1954 447426		Filled in by CARD Patient Data																																																		
<p>SECTION 6: The following questions apply only to jobs you may have held that were NOT with WR Grace or Zonolite. Try to recollect as near as you can your earliest year worked and how long you worked at each job. Please use fractions to indicate parts of years (ex. 2 1/2 and a half years).</p> <p>1. Have you ever worked where you or anyone near you disturbed asbestos creating visible dust?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/> Refused</p> <p>1a. For how many total years? _____</p> <p>1b. How many years in Lincoln County? _____</p>																																																						
<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Not Sure</th> <th>Refused</th> <th>Earliest Yr Worked</th> <th>Total Yrs Worked</th> <th>Yrs Worked in Lincoln County</th> </tr> </thead> <tbody> <tr> <td>2. On a construction, demolition or excavation site</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. In the Mining or railroad industry</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. With commercial boilers, incinerators or construction incinerators</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. In agriculture or sylviculture (ie: in a nursery or greenhouse, on a farm or ranch, in landscaping or irrigation)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Cleaning residences or businesses</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1980</td> <td></td> <td></td> </tr> </tbody> </table>								Yes	No	Not Sure	Refused	Earliest Yr Worked	Total Yrs Worked	Yrs Worked in Lincoln County	2. On a construction, demolition or excavation site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				3. In the Mining or railroad industry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				4. With commercial boilers, incinerators or construction incinerators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				5. In agriculture or sylviculture (ie: in a nursery or greenhouse, on a farm or ranch, in landscaping or irrigation)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				6. Cleaning residences or businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1980		
	Yes	No	Not Sure	Refused	Earliest Yr Worked	Total Yrs Worked	Yrs Worked in Lincoln County																																															
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3. In the Mining or railroad industry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
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6. Cleaning residences or businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1980																																																	
<p>7. Have you ever worked in the logging industry? <input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Not Sure <input type="radio"/> Refused</p> <p>7a. Earliest year worked _____</p> <p>7b. Total years worked _____</p> <p>7c. Did you ever engage in logging activities along Rainey Creek Road? <input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Not Sure <input type="radio"/> Refused <input type="radio"/> Not Applicable</p>																																																						
<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Not Sure</th> <th>Refused</th> <th>Earliest Yr Worked</th> <th>Total Yrs Worked</th> <th>Yrs Worked in Libby</th> </tr> </thead> <tbody> <tr> <td>8. Have you ever worked in plywood manufacturing?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9. Have you ever worked in wood processing or finishing (other than plywood)?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Yes	No	Not Sure	Refused	Earliest Yr Worked	Total Yrs Worked	Yrs Worked in Libby	8. Have you ever worked in plywood manufacturing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				9. Have you ever worked in wood processing or finishing (other than plywood)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
	Yes	No	Not Sure	Refused	Earliest Yr Worked	Total Yrs Worked	Yrs Worked in Libby																																															
8. Have you ever worked in plywood manufacturing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
9. Have you ever worked in wood processing or finishing (other than plywood)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
<p>Occupational History (continued on reverse side)</p>																																																						

Name: Sullivan, Catherine

DOB: [REDACTED] 1954

Date:

SULLIVAN_CATHIE-0001-0127

0037

Exhibit 2A-8

Center for Epidemiological
Studies Depression Scale

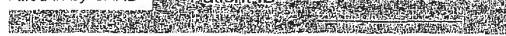
Date

2/12/10

Name SULLIVAN CATHERINE A 2-22-2010
DOB [REDACTED] 1954 A 447426

Filled in by CARD

Patient ID



Think back to the past week and read each statement below; then choose the statement that best describes how often you felt this way during the past week

	Rarely or None of the Time (less than 1 day)	Some or a little of the time (1 to 2 days)	Occasionally or a moderate amount of the time (3 to 4 days)	Most or all of the time (5 to 7 days)
1. I was bothered by things that usually don't bother me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake off the blues even with help from my family or friends	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt that I was just as good as other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. I had trouble keeping my mind on what I was doing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt everything I did was an effort	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. I was happy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt people disliked me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Clinic Use Only	Compute Score?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Score
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Version 1.0 rev 1/20/2008 sb

SULLIVAN_CATHIE-0001-0009

0038

Exhibit 2A-9



Depression Scale
Page 2

SULLIVAN CATHERINE 2-22-2010
447426
DOB [REDACTED]-1954

	Rarely or None of the Time (less than 1 day)	Some or a little of the time (1 to 2 days)	Occasionally or a moderate amount of the time (3 to 4 days)	Most or all of the time (5 to 7 days)
21. Because of asbestos related health issues, I often feel depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Because of asbestos related health issues, I often feel anxious.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I experience a lot of stress because of asbestos related health issues.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I worry about being diagnosed with an asbestos related disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. I worry about family members being Diagnosed with an asbestos related disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CE

SULLIVAN_CATHIE-0001-0010

0039

Exhibit 2A-10

CARD
Depression Scale
Page 2

Patient ID: 447426-1 11-38-2012
SULLIVAN, CATHERINE A. 11-05-2012
1954

	Rarely or None Of the Time (less than 1 day)	Some of a little of the time (1 to 2 days)	Occasionally or a moderate amount of the time (3 to 4 days)	Most or all of the time (5 to 8 days)
21. Because of asbestos related health issues, I often feel depressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Because of asbestos related health issues, I often feel anxious.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I experience a lot of stress because Of asbestos related health issues.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I worry about being diagnoses with an asbestos related disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. I worry about family members being diagnosed with an asbestos related disease.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Clinic Use Only	Compute Score? <input type="radio"/> Yes <input type="radio"/> No	Score 15
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SULLIVAN_CATHIE-0001-0008

0040

Exhibit 2A-11



Tobacco Use History

Page 1

11-05-2012

447426-1
SULLIVAN, CATHERINE A. [REDACTED] 1954

Patient ID:

1. Have you ever smoked cigarettes? 2. Do you now smoke cigarettes (as of one month ago)?
 Yes No Refused N/A
If No, skip to #8

3. How old were you when you first started smoking regularly (age in years)? 19
4. If you have stopped smoking completely, how old were you when you stopped (age in years)? 55
5. If you currently smoke, how many cigarettes do you now smoke per day?
6. On average over the entire time you smoked, how many cigarettes did you smoke per day? 10 - 15
7. At your peak, how many cigarettes did you smoke per day? 15

8. Do you or did you ever smoke cigars or a pipe regularly or frequently?
 Yes No Refused N/A

Second Hand Exposure Questions

9. Over your lifetime, what is the greatest number of people who smoked inside the home with who you lived? 1

10. Over your lifetime, how many years did you live with somebody who smoked inside the home? 18

11. Are you currently living with someone who smokes inside the residence?
 Yes No Refused N/A

12. If yes, how many years have you lived with this person?

13. Have you ever worked in a place where people smoked within your shared workspace?
 Yes No Refused N/A

14. If yes, how many years did you work in a place where people smoked within your workspace?

SULLIVAN_CATHIE-0001-0046

0041

Exhibit 2A-12

CARD
Tobacco Use History
Page 2

Patient ID: 447426-1 Date: 11-05-2012

SULLIVAN, CATHERINE A. [REDACTED] 1954

Cessation Questions

15. How many attempts to quit smoking have you made? 1

16. What is the longest amount of time you have remained smoke free? 3 years

17. Which of the following ways have you tried to quit? (Choose all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Cold Turkey | <input type="checkbox"/> Nicotine Lozenges | <input type="checkbox"/> Nicotine Patches | <input type="checkbox"/> Nicotine Nasal Spray |
| <input type="checkbox"/> Nicotine Gum | <input type="checkbox"/> Nicotine Inhaler | <input type="checkbox"/> Wellbutrin/Zyban | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Chantix | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Counseling | <input type="checkbox"/> Other |
| <input type="checkbox"/> Alternative herbal/natural modalities | | | |

electronic cig

18. Are you interested in quitting?

- Yes No

19. If yes, was the person educated about smoking cessation?

- Yes No

AD

End

SULLIVAN_CATHIE-0001-0047

0042

Exhibit 2A-13



Baseline
Tobacco Use History

Date 2/12/10

SULLIVAN CATHERINE 2-22-2010
 DOB 1954 A 447426

Clinic Use Only	Patient ID
-----------------	------------

1 Have you ever smoked cigarettes?

Yes No Refused
If No, skip to #8 None, refused

2 Do you now smoke cigarettes (as of one month ago)?

Yes No Not Applicable Refused

3 How old were you when you first started smoking regularly (age in years)? 204 If you have stopped smoking completely, how old were you when you stopped (age in years)? 55

5 If you currently smoke, how many cigarettes do you now smoke per day? _____

6 On average over the entire time you smoked, how many cigarettes did you smoke per day? 5-10-157 At your peak, how many cigarettes did you smoke per day? 15

8 Do you or did you ever smoke cigars or a pipe regularly or frequently?

Yes No Not Sure Refused

Second Hand Exposure Questions

9 Over your lifetime, what is the greatest number of people who smoked inside the home with whom you lived? 110 Over your lifetime, how many years did you live with somebody who smoked inside the home? 25

11 Are you currently living with someone who smokes inside the residence?

Yes No Not Sure Refused

12 If yes, how many years have you lived with this person? _____

13 Have you ever worked in a place where people smoked within your shared workspace?

Yes No Not Sure Refused

14 If yes, how many years did you work in a place where people smoked within your workspace? _____

SULLIVAN CATHERINE 2-22-2010
DOB [REDACTED] 1954 A 447426

[REDACTED]
Non-Questions

15 How many attempts to quit smoking have you made? 2

16 What is the longest amount of time you have remained
smoke-free? 1 month

17 Which of the following ways have you tried to quit? (Choose all that apply)

- | | | | | |
|--|---|--|-------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Cold Turkey | <input type="checkbox"/> Nicotine Lozenges | <input type="checkbox"/> Nicotine Patches | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Acupuncture |
| <input checked="" type="checkbox"/> Wellbutrin / Zyban | <input type="checkbox"/> Nicotine Gum | <input type="checkbox"/> Chantix | <input type="checkbox"/> Counseling | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nicotine Inhaler | <input type="checkbox"/> Nicotine Nasal Spray | <input type="checkbox"/> Alternative herbal/natural modalities | | |

18 Are you interested in quitting?

Yes No

19 If yes, was the person educated about smoking cessation?

Yes No

[REDACTED]
Filled in by CARD Entered by [REDACTED] [Signature]



TELEPHONE MESSAGE

Patient Name Catherine Sullivan
Date of Call 01/16/2014
Home phone (406) [REDACTED]
Day phone (406) [REDACTED]
Alternate phone (406) [REDACTED]

Age 59 years

Spoke with: patient
Time of call: 10:49 AM
Call taken by: Michelle Boltz
Contact type: outgoing call
Call type: outgoing

Telephone Contact Detail

Date	Time	Employee	Detail
01/16/2014	10:49 AM	Michelle Boltz	Call reason CT FU. Per Dr. Black, CT scan does not show any evidence of asbestos disease. Focal opacities that were previously noted on outside read of prior CT scan are not identified on this scan. Low-density lesion in the right kidney, likely cystic. Patient is not concerned at this time about the low-density lesion in the kidney, eligible for continued screening for asbestos disease.

Provider: Michelle L. Boltz NP C 01/16/2014

Document generated by: Michelle Boltz

Sullivan, Catherine A.. 000000447426 [REDACTED] 1954 01/16/2014 10:49 AM Page: 1/1

SULLIVAN_CATHIE-0001-0083

0045

Exhibit 2A-16

<p style="margin: 0;">1544192534</p> <p style="margin: 0;">DATE OF RADIOGRAPH</p> <table border="1" style="margin-top: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td>11</td> <td>05</td> <td>2012</td> </tr> </table> <p style="margin: 0;">WORKER'S Social Security Number ID#</p> <table border="1" style="margin-top: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%;">447</td> <td style="width: 33%;">42</td> <td style="width: 33%;">6</td> </tr> </table>	MONTH	DAY	YEAR	11	05	2012	447	42	6	<p style="text-align: center; margin: 0;">DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE</p> <p style="text-align: center; margin: 0;">CENTERS FOR DISEASE CONTROL & PREVENTION National Institute for Occupational Safety and Health Federal Mine Safety and Health Act of 1977 Medical Examination Program</p> <p style="text-align: center; margin: 0;">ROENTGENOGRAPHIC INTERPRETATION</p> <p style="text-align: center; margin: 0;">TYPE OF READING</p> <table border="1" style="margin-top: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/></td> <td style="width: 33%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 33%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>A</td> <td>B</td> <td>P</td> </tr> </table> <p style="text-align: center; margin: 0;">Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A	B	P	<p style="margin: 0;">OMB No.: 0920-0020</p> <p style="margin: 0;">Coal Workers' Health Surveillance Program NIOSH PO Box 4258 Morgantown, West Virginia 26504</p>																																																																																													
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2	X	049																																																																																																												
<p>1. FILM QUALITY</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> 2</td> <td style="width: 33%;"><input type="checkbox"/> 3</td> <td style="width: 33%;"><input type="checkbox"/> U/R</td> </tr> </table> <p>(If not Grade 1, mark all boxes that apply)</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Underexposed (light)</td> <td style="width: 33%;"><input type="checkbox"/> Poor contrast</td> <td style="width: 33%;"><input type="checkbox"/> Mottle</td> </tr> </table> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Artifacts</td> <td style="width: 33%;"><input type="checkbox"/> Poor processing</td> <td style="width: 33%;"><input type="checkbox"/> Other (please specify) _____</td> </tr> </table> <p style="text-align: right; margin: 0;">DIGITAL</p> <hr/> <p>2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</p> <p style="text-align: right; margin: 0;">YES <input type="checkbox"/> Complete Sections 2B and 2C NO <input checked="" type="checkbox"/> Proceed to Section 3A</p> <p>2B. SMALL OPACITIES</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%; text-align: center;">a. SHAPE/SIZE</td> <td style="width: 33%; text-align: center;">b. ZONES</td> <td style="width: 33%; text-align: center;">c. PROFUSION</td> </tr> <tr> <td>PRIMARY</td> <td>R L</td> <td>0/ 0/0 0/1</td> </tr> <tr> <td>SECONDARY</td> <td>Q T</td> <td>1/0 1/1 1/2</td> </tr> <tr> <td>p s</td> <td>q t</td> <td>2/1 2/2 2/3</td> </tr> <tr> <td>q t</td> <td>r u</td> <td>3/2 3/3 3/4</td> </tr> <tr> <td>r u</td> <td>r u</td> <td></td> </tr> </table> <p>2C. LARGE OPACITIES</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%; text-align: center;">SIZE</td> <td style="width: 33%;"><input type="checkbox"/> O</td> <td style="width: 33%;"><input type="checkbox"/> A</td> </tr> <tr> <td></td> <td><input type="checkbox"/> B</td> <td><input type="checkbox"/> C</td> </tr> </table> <p style="text-align: right; margin: 0;">Proceed to Section 3A</p> <hr/> <p>3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</p> <p style="text-align: right; margin: 0;">YES <input checked="" type="checkbox"/> Complete Sections 3B, 3C NO <input type="checkbox"/> Proceed to Section 4A</p> <p>3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Site</td> <td style="width: 33%; text-align: center;">Calcification</td> <td style="width: 33%; text-align: center;">Extent (chest wall; combined for in profile and face on)</td> </tr> <tr> <td>In profile</td> <td>O R L</td> <td>Up to 1/4 of lateral chest wall = 1</td> </tr> <tr> <td>Face on</td> <td>O R L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> </tr> <tr> <td>Diaphragm</td> <td>O R E</td> <td>> 1/2 of lateral chest wall = 3</td> </tr> <tr> <td>Other site(s)</td> <td>O R L</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Site</td> <td style="width: 33%; text-align: center;">Calcification</td> <td style="width: 33%; text-align: center;">Width (in profile only) (3mm minimum width required)</td> </tr> <tr> <td>In profile</td> <td>O R L</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td>O R L</td> <td>5 to 10 mm = b</td> </tr> <tr> <td>Diaphragm</td> <td>O R L</td> <td>> 10 mm = c</td> </tr> <tr> <td>Other site(s)</td> <td>O R L</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: right; margin: 0;">Proceed to Section 3D</p> <p style="text-align: right; margin: 0;">NO <input checked="" type="checkbox"/> Proceed to Section 4A</p> <hr/> <p>3C. COSTOPHRENIC ANGLE OBLITERATION</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Site</td> <td style="width: 33%; text-align: center;">Proceed to Section 3D</td> <td style="width: 33%;"></td> </tr> <tr> <td>In profile</td> <td>O R L</td> <td></td> </tr> <tr> <td>Face on</td> <td>O R L</td> <td></td> </tr> </table> <p style="text-align: right; margin: 0;">NO <input checked="" type="checkbox"/> Proceed to Section 4A</p> <hr/> <p>4A. ANY OTHER ABNORMALITIES?</p> <p style="text-align: right; margin: 0;">YES <input type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input checked="" type="checkbox"/> Proceed to Section 5</p> <p>4B. OTHER SYMBOLS (OBLIGATORY)</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%;">aa</td> <td style="width: 33%;">at</td> <td style="width: 33%;">ax</td> <td style="width: 33%;">bu</td> <td style="width: 33%;">ca</td> <td style="width: 33%;">cg</td> <td style="width: 33%;">en</td> <td style="width: 33%;">co</td> <td style="width: 33%;">ep</td> <td style="width: 33%;">cv</td> <td style="width: 33%;">di</td> <td style="width: 33%;">ef</td> <td style="width: 33%;">cm</td> <td style="width: 33%;">es</td> <td style="width: 33%;">fr</td> <td style="width: 33%;">hi</td> <td style="width: 33%;">ho</td> <td style="width: 33%;">id</td> <td style="width: 33%;">ih</td> <td style="width: 33%;">kl</td> <td style="width: 33%;">me</td> <td style="width: 33%;">pa</td> <td style="width: 33%;">pi</td> <td style="width: 33%;">px</td> <td style="width: 33%;">ra</td> <td style="width: 33%;">rp</td> <td style="width: 33%;">tb</td> </tr> </table> <p style="text-align: center; margin: 0;">If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D)</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> </table> <p style="text-align: right; margin: 0;">Date Physician or Worker notified?</p> <hr/> <p>4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p style="text-align: center; margin: 0;">Proceed to Section 5</p>			<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify) _____	a. SHAPE/SIZE	b. ZONES	c. PROFUSION	PRIMARY	R L	0/ 0/0 0/1	SECONDARY	Q T	1/0 1/1 1/2	p s	q t	2/1 2/2 2/3	q t	r u	3/2 3/3 3/4	r u	r u		SIZE	<input type="checkbox"/> O	<input type="checkbox"/> A		<input type="checkbox"/> B	<input type="checkbox"/> C	Site	Calcification	Extent (chest wall; combined for in profile and face on)	In profile	O R L	Up to 1/4 of lateral chest wall = 1	Face on	O R L	1/4 to 1/2 of lateral chest wall = 2	Diaphragm	O R E	> 1/2 of lateral chest wall = 3	Other site(s)	O R L					Site	Calcification	Width (in profile only) (3mm minimum width required)	In profile	O R L	3 to 5 mm = a	Face on	O R L	5 to 10 mm = b	Diaphragm	O R L	> 10 mm = c	Other site(s)	O R L					Site	Proceed to Section 3D		In profile	O R L		Face on	O R L		aa	at	ax	bu	ca	cg	en	co	ep	cv	di	ef	cm	es	fr	hi	ho	id	ih	kl	me	pa	pi	px	ra	rp	tb	MONTH	DAY	YEAR
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	<input type="checkbox"/> B	<input type="checkbox"/> C																																																																																																												
Site	Calcification	Extent (chest wall; combined for in profile and face on)																																																																																																												
In profile	O R L	Up to 1/4 of lateral chest wall = 1																																																																																																												
Face on	O R L	1/4 to 1/2 of lateral chest wall = 2																																																																																																												
Diaphragm	O R E	> 1/2 of lateral chest wall = 3																																																																																																												
Other site(s)	O R L																																																																																																													
Site	Calcification	Width (in profile only) (3mm minimum width required)																																																																																																												
In profile	O R L	3 to 5 mm = a																																																																																																												
Face on	O R L	5 to 10 mm = b																																																																																																												
Diaphragm	O R L	> 10 mm = c																																																																																																												
Other site(s)	O R L																																																																																																													
Site	Proceed to Section 3D																																																																																																													
In profile	O R L																																																																																																													
Face on	O R L																																																																																																													
aa	at	ax	bu	ca	cg	en	co	ep	cv	di	ef	cm	es	fr	hi	ho	id	ih	kl	me	pa	pi	px	ra	rp	tb																																																																																				
MONTH	DAY	YEAR																																																																																																												
<p>5. PHYSICIAN'S Social Security Number*</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> </table> <p>* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.</p> <p>FILM READER'S INITIALS</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> J S</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 3</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 1 3</td> </tr> </table> <p>DATE OF READING</p> <table border="1" style="margin-bottom: 5px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> </table> <p>CITY NEW YORK STATE N.Y. ZIP CODE 10029</p> <p>SULLIVAN CATHIE</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> J S	<input type="checkbox"/> 3	<input type="checkbox"/> 1 3	MONTH	DAY	YEAR																																																																																																			
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MONTH	DAY	YEAR																																																																																																												

SULLIVAN_CATHIE-0001-0054

0046

Exhibit 2A-17

4961192530

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate

- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

Posterior small pleural (L) Sac with adjacent ph

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

SULLIVAN_CATHIE-0001-0055

0047

Exhibit 2A-18

DATE OF IMAGE

11/26/12

FILM READER

MEYER

Worker's ID

447426

FACILITY IDENTIFICATION

2T043

Image quality If not grade 1, give reason1A. ARE THERE ANY LUNG ABNORMALITIES PRESENT? YES IF NO GO TO #7A1B. ARE THERE ANY WELL DEFINED OPACITIES PRESENT?
 NO YES IF NO GO TO #2

	Predominant Size			Zones/Proportion		
	No	Yes	(Choose one)	R	L	T
P = 1.5mm				0	1	2
Q = 1.5-3mm				1	2	3
R = 3-10mm				0	1	2
				1	0	1
				2	1	3
				3	0	1
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				3	0	1
				0	1	2
				1	0	1
				2	1	3

CARD Master Data Set

Person ID	ID	Last Name	First Name	Middle Name	Visit Date	Birth Date	CXR Screening type	CT Screening type	Visit	Age	Age Category	Weight	Height
2013	447426	Sullivan	Catherine	A.	11/4/2013	[REDACTED] /1954		1	1	59	Between age 50-64	125	62.5
2013	447426	Sullivan	Catherine	A.	12/28/2015	[REDACTED] /1954		1	3	61	Between age 50-64	120	62.5
2013	447426	Sullivan	Catherine	A.	2/22/2010	[REDACTED] /1954		1	1	56		123	62.5
2013	447426	Sullivan	Catherine	A.	11/28/2012	[REDACTED] /1954		1	1	58	Between age 50-64		
2014					4/20/2010				1	43		167	68.5
2015					4/21/2010				1	57		171	66.5
2016					4/21/2010				1	55		124	65

CARD Master Data Set

Last Name	First Name	Race	Residency	New Pt?	Seen MD?	Recall Class (1, 3, or 5 yrs)	Smoker	Quit smoking since previous Screening	Diagnostic Track	Diagnosis Appt
Sullivan	Catherine	Caucasian		1	2	3 1	2		2 CT	1/16/2014
Sullivan	Catherine	Caucasian		1	2	4 1-3	2		2 N/A	
Sullivan	Catherine	Caucasian		1	1	2 1			0 N	
Sullivan	Catherine	Caucasian		1	1	3 1	2		0 CT	11/28/2012
		Caucasian		1	1	2 3			0 N	
		Caucasian		3	1	2 3			0 N	
		Caucasian		3	1	2 3			0 N	

CARD Master Data Set

Last Name	First Name	FOBT	FOBT Mailed Date	FOBT Returned	FOBT Returned Date	FOBT Results	Pt Notified of FOBT	NCM phone f/u?	NCM phone notes	Grace A/D	Grace Date
Sullivan	Catherine	Y									
Sullivan	Catherine	Deferred									
Sullivan	Catherine	Y									
Sullivan	Catherine	Deferred									
		N					X				
		Y									
		Y									

CARD Master Data Set

Last Name	First Name	ATSDR	ARD	Pilot interest	ARD Medicare interest	ARD Medicare	CXR Date	CXR Set	2nd Set	CARD (CXR)	CARD CXR (parenchymal)	CARD CXR (pleural)
Sullivan	Catherine		2			2	11/4/2013	3X028		N		N
Sullivan	Catherine		2			1	12/28/2015	5X028		N		N
Sullivan	Catherine	N	5				2/22/2010	C4	N			
Sullivan	Catherine		2			1	11/5/2012	2X049		N		N
		N	5				4/20/2010	D6	N			
		N	5				4/21/2010	D7	N			
		N	5				4/21/2010	D7	N			

CARD Master Data Set

Last Name	First Name	B-Read1 (parenchymal)	B-Read1 (pleural)	B-Read2 (parenchymal)	B-Read2 (pleural)	CXR PR Set	PR1 B-Read (parenchymal)	PR1 B-Read (pleural)
Sullivan	Catherine	N	N					
Sullivan	Catherine	N	N					
Sullivan	Catherine							
Sullivan	Catherine	N	Y					

CARD Master Data Set

Last Name	First Name	PR1 B-Reader Name	PR2 B-Read (parenchymal)	PR2 B-Read (pleural)	PR2 B-Reader Name	PR3 B-Read (parenchymal)	PR3 B-Read (pleural)
Sullivan	Catherine						
Sullivan	Catherine						
Sullivan	Catherine						
Sullivan	Catherine						

CARD Master Data Set

Last Name	First Name	PR3 B-Reader Name	PR4 B-Read (parenchymal)	PR4 B-Read (pleural)	PR4 B-Reader Name	PR1 B-Read SentDate	PR1 B-Read ReturnDate
Sullivan	Catherine	[REDACTED]					
Sullivan	Catherine						
Sullivan	Catherine						
Sullivan	Catherine						

CARD Master Data Set

Last Name	First Name	PR1 B-Read InvoiceDate	PR1 B-Read InvoiceID	PR1 B-Read Notes	PR2 B-Read SentDate	PR2 B-Read ReturnDate	PR2 B-Read InvoiceDate
Sullivan	Catherine						
Sullivan	Catherine						
Sullivan	Catherine						
Sullivan	Catherine						

CARD Master Data Set

Last Name	First Name	PR2 B-Read InvoiceID	PR2 B-Read Notes	PR3 B-Read SentDate	PR3 B-Read ReturnDate	PR3 B-Read InvoiceDate	PR3 B-Read InvoiceID
Sullivan	Catherine						
Sullivan	Catherine						
Sullivan	Catherine						
Sullivan	Catherine						

CARD Master Data Set

Last Name	First Name	PR3 B-Read Notes	PR4 B-Read SentDate	PR4 B-Read ReturnDate	PR4 B-Read InvoiceDate	PR4 B-Read InvoiceID	CT Date	CT Set
Sullivan	Catherine						1/15/2014	3T033
Sullivan	Catherine							N/A
Sullivan	Catherine							
Sullivan	Catherine						11/26/2012	2T043

CARD Master Data Set

Last Name	First Name	CARD CT (parenchymal)	CARD CT (pleural)	Outside CT (parenchymal)	Outside CT (pleural)	Outside CT Reader Name	PR1 CT Notes	PR2 CT SentDate
Sullivan	Catherine	N	N	N	N			
Sullivan	Catherine							
Sullivan	Catherine							
Sullivan	Catherine	N	N	N	N			

CARD Master Data Set

Last Name	First Name	PR2 CT ReturnDate	PR2 CT InvoiceDate	PR2 CT InvoiceID	PR2 CT Notes	Dx on Outside Read Only	Dx on Previous Outside Read	Entry into FLASH?
Sullivan	Catherine					FALSE	FALSE	
Sullivan	Catherine					FALSE	FALSE	
Sullivan	Catherine					FALSE	FALSE	
Sullivan	Catherine					TRUE	FALSE	
						FALSE	FALSE	
						FALSE	FALSE	
						FALSE	FALSE	

CARD Master Data Set

Last Name	First Name	FLASH Date	Method of Entry	LAMP II	Significant Findings	Focal Opacity	Focal Opacity 4mm	Lung mass
Sullivan	Catherine				Kidney lesion-in clinic	FALSE	FALSE	FALSE
Sullivan	Catherine				Diagnosed by outside read only.	FALSE	FALSE	FALSE
Sullivan	Catherine				-	FALSE	FALSE	FALSE
Sullivan	Catherine				Diagnosed based on B-read only.	FALSE	FALSE	FALSE
					-	FALSE	FALSE	FALSE
					-	FALSE	FALSE	FALSE
					unidentified autoimmune disease that has affected her pancreas.	FALSE	FALSE	FALSE

CARD Master Data Set

Last Name	First Name	Thyroid mass	Kidney mass	Spleen mass	Adrenal mass	Breast mass	Other mass	Other mass detail	Symptomatic	Symptomatic Notes
Sullivan	Catherine	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE		1	
Sullivan	Catherine	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE		1	
Sullivan	Catherine	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE			
Sullivan	Catherine	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE		1	
		FALSE	FALSE	FALSE	FALSE	FALSE	FALSE			
		FALSE	FALSE	FALSE	FALSE	FALSE	FALSE			
		FALSE	FALSE	FALSE	FALSE	FALSE	FALSE			

CARD Master Data Set

Last Name	First Name	Spirometry Read	Spirometry Results	ARDRM	ARDRMT	ARDRP	ARDRPT	ARDRSW	ARDRHA	ARDRRT	ARDPREHAB
Sullivan	Catherine	1		0		0		0	0	0	0
Sullivan	Catherine	1		0		0		0	0	0	0
Sullivan	Catherine			0		0		0	0	0	0
Sullivan	Catherine	1		0		0		0	0	0	0
				0		0		0	0	0	0
				0		0		0	0	0	0
				0		0		0	0	0	0

CARD Master Data Set

Last Name	First Name	ARDNUTRI	ARDRO	ARDROT	ARDNONE	NARDRPC	NARDRC	NARDRH	NARDPAP	NARDRO	NARDROT	EdSmokingCess
Sullivan	Catherine	0	0		0	0	0	0	0	0	0	0
Sullivan	Catherine	0	0		0	0	0	0	0	0	0	0
Sullivan	Catherine	0	0		0	0	0	0	0	0	0	0
Sullivan	Catherine	0	0		0	0	-1	0	0	0	0	0
		0	0		0	0	0	0	0	0	0	0
		0	0		0	0	0	0	0	0	0	0
		0	0		0	0	0	0	0	0	0	0

CARD Master Data Set

Last Name	First Name	EdDiet	EdBreathingTech	EdPhysioDM	EdPsychoDM	EdBenefits	EdOther	EdOtherT	EdOutReadBenefits	EdOutReadSigFindingFU
Sullivan	Catherine	0	0	0	0	0	0	0	FALSE	FALSE
Sullivan	Catherine	0	0	0	0	0	0	0	FALSE	FALSE
Sullivan	Catherine	0	0	0	0	0	0	0	FALSE	FALSE
Sullivan	Catherine	0	0	0	0	0	-1	0	TRUE	FALSE
		0	0	0	0	0	0	0	FALSE	FALSE
		0	0	0	0	0	0	0	FALSE	FALSE
		0	0	0	0	0	0	0	FALSE	FALSE

CARD Master Data Set

Last Name	First Name	NoPCP	PCPName	PCPTel	PCPAddress1	PCPAddress2	PCPCity	PCPState	PCPZip
Sullivan	Catherine	-1							
Sullivan	Catherine	0							
Sullivan	Catherine	0							
Sullivan	Catherine	-1							
		0							
		0							
		0							

CARD Master Data Set

Last Name	First Name	PCP Consent	PCP Consent New	Results Letter Sent PCP	PCP Sent Date	PCP Sent Initials	PCP packet Sent Date	Results Letter Sent Pt	Pt Sent Date	Pt Sent Initials	TAR Consent
Sullivan	Catherine		2								0
Sullivan	Catherine		8	4							8
Sullivan	Catherine										
Sullivan	Catherine		2						11/6/2013	tr	1

CARD Master Data Set

Last Name	First Name	TARConsentNew	TARInfoSent	TARSentDate	TARSentInitials	1st B-Read Sent	FedEx CXR	FedEx CXR Returned	CXR To Whom1	CXR To Whom2	1st B-Read Returned
Sullivan	Catherine					2/10/2014			Kanne		2/20/2014
Sullivan	Catherine		1			1/26/2016			Parker		2/4/2016
Sullivan	Catherine					5/3/2010			Szeinuk	Petsonk	6/16/2010
Sullivan	Catherine					2/21/2013	5801	5753	Szeinuk		3/25/2013
						6/7/2010			Parker	Szeinuk	7/1/2010
						6/7/2010			Szeinuk	Petsonk	11/11/2010
						6/7/2010			Szeinuk	Petsonk	7/29/2010

CARD Master Data Set

Last Name	First Name	2nd B-Read Returned	B-reader Notes	Date CT Mailed	FedEx CT	FedEx CT Returned	CT to Whom1	Date CT Returned
Sullivan	Catherine			3/19/2014			Meyer	5/15/2014
Sullivan	Catherine						NOT SENT	
Sullivan	Catherine	5/19/2010						
Sullivan	Catherine		Questionable small plaques left base with adjacent pb.	4/15/2013	1163	1141	Meyer	9/30/2013
		7/22/2010						
		7/13/2010						
		7/13/2010						

CARD Master Data Set

Last Name	First Name	Post CT Notes	Outside Study?	Outside CT read notes	Outside read reviewed	CXR Chk Num	CT Chk Num	PR1-X Chk Num
Sullivan	Catherine			Biapical pleuroparenchymal scarring, distal esophageal wall thickening, questionable	No Action	10787	10977	
Sullivan	Catherine					12577		
Sullivan	Catherine							
Sullivan	Catherine			Borderline mediastinal LN's, LDL right kidney.	Letter	9847	10353	
	-							
	-							
	-							

CARD Master Data Set

Last Name	First Name	PR2-X Chk Num	PR3-X Chk Num	PR4-X Chk Num	PR1-CT Chk Num	PR2-CT Chk Num	Referrals made (to whom)	1st B-reader diagnosis of ARD
Sullivan	Catherine							
Sullivan	Catherine							
Sullivan	Catherine						PCP, dentist f/u	N
Sullivan	Catherine							
							Smoking	N
							N	N
							N	N

CARD Master Data Set

Last Name	First Name	2nd B-reader diagnosis of ARD	3rd Reader Mailed	ToWhom3	3rd B-read Returned	3rd B-reader diagnosis of ARD	JS (parenchymal)	JS (pleural)	EP (parenchymal)
Sullivan	Catherine								
Sullivan	Catherine								
Sullivan	Catherine	N					N	N	N
Sullivan	Catherine								
		N					N	N	-
		N					N	N	N
		N					N	N	N

CARD Master Data Set

Last Name	First Name	EP (pleural)	JP (parenchymal)	JP (pleural)	B disposition (parenchymal)	B disposition (pleural)	LDS Referral	LDS Referral Name	LDS Referral Gift Sent
Sullivan	Catherine						FALSE		
Sullivan	Catherine						FALSE		
Sullivan	Catherine	N			N		N		FALSE
Sullivan	Catherine						FALSE		
		-	N	N	N	N	FALSE		
		N	-	-	N	N	FALSE		
		N		-	N	N	FALSE		

CARD Master Data Set

Last Name	First Name	LDS Referral Gift Sent Date	Reader_Mailings_Hidden	Pcp_Results_Hidden	Pre_7_1_2011_Screening	CXR InvoiceDate	CXR InvoiceID	CT InvoiceDate	CT InvoiceID
Sullivan	Catherine		TRUE	FALSE	FALSE				
Sullivan	Catherine		TRUE	FALSE	FALSE				
Sullivan	Catherine		TRUE	FALSE	TRUE				
Sullivan	Catherine		TRUE	FALSE	FALSE				
			TRUE	FALSE	TRUE				
			TRUE	FALSE	TRUE				
			TRUE	FALSE	TRUE				

EHH Cases - Medicare list (USDOJ_030281)

CLMSSN	COSSN	PRSN_LNM	PRSN_FNM	FY	MNTH_ENDT	WK_STDT	WK_ENDT	RCOD	RGN_NM	ADOCID	AREA_NM	RPT_TO_OCD
	390581383	SULLIVAN	CATHIE	2013	9/27/2013	9/7/2013	9/13/2013	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED

0075

EHH Cases - Medicare list (USDOJ_030281)

PRSN_LNM	PRSN_FNM	LEVEL_ONE_PARENT	OCD	UNIT_FRST_3	UNIT_LST_3	UNIT_CD	T2_CLM_TYP	BIC	CLRN_TYP_CTGY	CLRN_ACTN_TYP
SULLIVAN	CATHIE	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	REDACTED	Award	REDACTED

0076

EHH Cases - Medicare list (USDOJ_030281)

PRSN_LNM	PRSN_FNM	CLRN_ACTN	EXCL_RSN_CD	T2_PT_PRC_DT
SULLIVAN	CATHIE	REDACTED	REDACTED	9/13/2013

0077

Environmental Health Hazards Checklist

Medicare Coverage for Individuals Exposed to Environmental Health Hazards

Step 1: Identify the individual.

(Completed by the field office.)

First Name – Middle Initial – Last Name	<i>Cathie A. SULLIVAN</i>	
Social Security Number	1383	Date of Birth <i>54</i>

Step 2: Identify the asbestos-related condition(s) and its date of diagnosis.

(Completed by the provider.)

Check the box next to the diagnosed impairment(s) and print the date of diagnosis.

Impairment	Diagnosis Code	Minimum Medical Evidence Required
<input type="checkbox"/> Asbestosis	5010	Interpretation by a B reader qualified physician of a plain chest x-ray or Interpretation of computed tomographic radiograph of the chest by a qualified physician
<input checked="" type="checkbox"/> Pleural thickening Pleural plaques	5010	Interpretation by a B reader qualified physician of a plain chest x-ray or Interpretation of computed tomographic radiograph of the chest by a qualified physician
<input type="checkbox"/> Mesothelioma	1630	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage or bronchoscopy report
<input type="checkbox"/> Malignancy of the lung	1620	Established by pathologic examination of biopsy tissue, cytology from bronchioalveolar lavage or bronchoscopy report
<input type="checkbox"/> Malignancy of the colon	1530	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the rectum	1530	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the larynx	1950	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the stomach	1510	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the esophagus	1500	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the pharynx	1950	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the ovary	1830	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Individual does not have an impairment listed above		
Date of Diagnosis:	<i>04/30/2013</i>	

Step 3: Identify presence in Lincoln County, Montana.

(Completed by the provider.)

This individual was present in Lincoln County, Montana, during the following time period(s):	<i>1998 To Present</i>
Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (SSA will develop presence.)	

Printed Name	Physician's Signature	Date
<i>Brad Black MD</i>	<i>Brad Black, MD</i>	<i>07/02/13</i>

Tracy McNew

From: tim@bechtoldlaw.net
Sent: Monday, June 25, 2018 3:54 PM
To: Tracy McNew
Subject: FW: CARD

Categories: Red Category

See below for atty donations.

Timothy Bechtold
Bechtold Law Firm, PLLC
tim@bechtoldlaw.net

From: Jinnifer Mariman <jmariman@mgarveylaw.com>
Sent: Monday, June 25, 2018 3:19 PM
To: tim@bechtoldlaw.net; John Lacey <jlacey@mgarveylaw.com>; Roger Sullivan <rsullivan@mgarveylaw.com>
Subject: RE: CARD

Hi Tim,

I have tracked down any payments from our firm and any of our attorneys to the CARD Clinic and the CARD Foundation. All donations were made to the CARD Foundation. Those are as follows:

12/22/12 – Jon Heberling \$50,000 (personal donation)
2013 – Jon Heberling \$10,000 (personal donation)
2014 – Jon Heberling \$5,000 (personal donation)
2014 – MHSL \$30,000 (Mortality Study Grant)
2015 – Jon Heberling \$10,000 (personal donation)
2016 – Jon Heberling \$3,000 (personal donation)
2017 – Jon Heberling \$3,000 (personal donation)
2017 – ~~BECHTOLD LAW FIRM~~ ~~1200A CICH~~ ~~LAW FIRM~~ ~~\$5000~~

*TOTAL 116,000⁰⁰
OVER 7 years*

Please let me know if you have any questions. ~~LAW FIRM~~ ~~\$5000~~

Thanks,
Jinn
Jinnifer Jeresek Mariman | Attorney
McGarvey, Heberling, Sullivan & Lacey, P.C.
345 First Avenue East | Kalispell, MT 59901
Tel: (406) 752-5566 | Fax: (406) 752-7124
jmariman@mgarveylaw.com
www.mgarveylaw.com

From: tim@bechtoldlaw.net [mailto:tim@bechtoldlaw.net]
Sent: Wednesday, June 20, 2018 10:16 AM
To: 'Jinnifer Mariman' <jmariman@mgarveylaw.com>; jlacey@mgarveylaw.com; 'Roger Sullivan'



Tracy McNew

From: Tracy McNew
Sent: Monday, January 08, 2018 11:36 AM
To: All Staff
Cc: Kevin Payne; Brad Black
Subject: talk of the town

Here is a link to the Daily Interlake article that details legal concerns effecting some of our patients. If patients ask about this, please refer them to a lawyer. The two lawyers that are representing the majority of Libby asbestos cases are McGarvey, Heberling, Sullivan and Lacey in Kalispell and Tom Lewis in Great Falls. Please do not recommend a lawyer as a representative of CARD. It is okay to tell patients that the two firms I listed above represent many of the Libby cases.
http://www.dailyinterlake.com/local_news/20180107/deadline_approaching_to_file_libby_asbestos_claims

Let me know if you have any questions,

Tracy McNew, LPN, MPA
Administrative and Research Director
Center for Asbestos Related Disease
214 East 3rd Street
Libby, MT 59923
(406) 293-9274 ext. 126
Fax (406) 293-9280

1
Page 1612



Asbestos Lawyers Who Specialize in Libby Cases

McGarvey, Heberling, Sullivan, McGarvey PC
745 South Main Street
Kalispell, MT 59901
(406) 752-5566

Lewis, Tom L.
725 3rd Avenue North
Great Falls, MT 59401
(406) 761-5595

Disability Lawyer
Bliven (Kalispell)
Cost is 25% of the lump sum payment not to exceed \$4,000



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

Date of Visit: 4/9/12
W [REDACTED], Patrick DOB: [REDACTED] 53

HPI/ROS:

Here for CT F/U results,

Objective:

GEN: Well-groomed, smells of alcohol with injected sclera and constant sniffing
VITALS: 118/68, heart rate 73, SpO2 99% on room air

CT: Per Dr. Black, no evidence of asbestos related disease. There is hypertrophy of the right kidney. Focal nodule 1.10 cm in the upper right lateral chest, 1.56 cm in the upper right posterior chest x-ray and a, less than 4 mm in the right mid posterior medial chest.

Assessment: History of Libby amphibole asbestos exposure-negative screening #2
focal opacities #3 weight loss #4 tobacco use

Plan:

Pharmacologic: No change

Other Referrals: To Primary Care for further evaluation of opacities

Follow up: Next asbestos screening and 12 months to include chest x-ray and spirometry

Patient Education: ARD- ARD- Anatomy & Physiology, Complications, Disease Process, Follow-up, Home Management, Lifestyle Adaptations, Testing,- Good understanding 40 minutes spent with patient with greater than 50% of time spent on counseling and pt. education. Patient pre-contemplative to quit tobacco use

Michelle Boltz, FNP-C
Michelle Boltz, NP-C, APRN 4/9/12

CC VA in Spokane including initial dictation

lv 4/10/12

1

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0346936
0001



Exhibit 13-1

03/30/12 15:22 SJLH (406)293-0138 The info cont. J in this fax is privileged and confidential and the sole use of the intended recipient. Page

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: W [REDACTED], PATRICK E Date: 03/29/12
Patient BD: [REDACTED] 1953 Patient location: L. IMAGING Rm #:
Ordering Dr: BOLTZ, MICHELLE L FNP

CC:
BOLTZ, MICHELLE L FNP

FILE DATE: 03/29/2012

PROCEDURE: CHEST/CT SCAN WITHOUT CONTRAST

COMPARISON: No prior CT scans available for comparison

INDICATIONS: ASBESTOS EXPOSURE WITH DYSPNEA

FINDINGS: No pleural based thickening or plaquing is noted. No calcification or fluid is noted in the pleural spaces. No interstitial fibrosis is noted. There is some scarring in the apex of the lungs. No plaques on either hemidiaphragm.

The heart is normal in size, there is no pericardial effusion. There are some coronary artery calcifications. The mediastinal lymph nodes are nonspecific.

There are three vague areas of increased density in the right lung, that measure in the order of 1 to 1.5 cm in diameter. They are somewhat indeterminate densities, although they are quite vague and could feasibly represent scarring from previous inflammation, however, I think they should be followed serially according to protocol to check for stability.

The upper abdomen that is imaged shows a very small right kidney, with a secondarily hypertrophied left kidney, indicating that this has been a longstanding process. The upper abdomen is otherwise unremarkable in appearance.

CONCLUSION:

NO EVIDENCE TO SUGGEST PREVIOUS ASBESTOS EXPOSURE.

THERE ARE SOME CORONARY ARTERY CALCIFICATIONS.

IMAGING REPORT - MEDITOR

NAME: W [REDACTED], PATRICK E MR#: M000057213 ACCT#: AA0000730437
Rpt #: 0330-0012

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347027

0002

03/30/12 15:22 SILH (406)293-0138 The info contained in this fax is privileged and confidential and is for the sole use of the intended recipient. Page

SMALL RIGHT KIDNEY, WITH A SECONDARILY HYPERTROPHIED LEFT KIDNEY.

THREE VAGUE AREAS OF INCREASED DENSITY IN THE RIGHT LUNG, VERY LIKELY ARE BENIGN BUT SHOULD BE FOLLOWED SERIALLY TO CHECK FOR STABILITY TO BE CERTAIN WE ARE NOT DEALING WITH AN EARLY UNDERLYING LUNG CARCINOMA.

Dictated by: STEPHEN BECKER, M.D.

File>>

<<Signature on

M.D.

Electronically signed by: BECKER, STEPHEN ,

03/30/12 1519

BECST/PLW

03/30/12 0819 03/30/12 0927

IMAGING REPORT - MEDITOR

NAME: W [REDACTED], PATRICK E MR#: M000057213 ACCT#: AA0000730437
Rpt#: 0330-0012

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347028

0003



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

Date: 07/29/13

Patient Name: Patrick E. W [REDACTED]

D.O.B. [REDACTED] 53

Patient was confirmed to have a positive radiographic read consistent with an asbestos related disease. Results differed from CARD read, which was read as negative. Patient was contacted and given outside read results and offered benefits.

This read does not constitute a clinical diagnosis but is considered a diagnosis based on legislative language found in The Affordable Health Care Act. By law this CT/B read allows patient access to various benefits such as Medicare. Patient also qualifies for the Medicare Pilot program for Asbestos related Disease in Lincoln and Flathead Counties.

151

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0346937
0004

DATE OF IMAGE

03/29/12

FILM READER

Meyer

Peer
Review

Worker's ID #

657827

FACILITY IDENTIFICATION

1T039

Image quality If not grade 1, give reason _____1A. ARE THERE ANY LUNG ABNORMALITIES PRESENT? NO YES IF NO GO TO #21B. ARE THERE ANY WELL DEFINED OPACITIES PRESENT?
 NO YES IF NO GO TO #2

	Predominant Size		(Choose one)
	No	Yes	
P = 1.5mm			
Q = 1.5-3mm			
R = 3-10mm			

Zones/Proportion		R		L	
U	0	1	2	3	0
M	0	1	2	3	0
L	0	1	2	3	0

SUM GRADE

2. ARE THERE ANY IRREGULAR AND/OR LINEAR OPACITIES PRESENT?
 NO YES IF NO GO TO #3

	Predominant Type		(Choose one)
	No	Yes	
Intralobular			
Interlobular			
Reticular			

Grade		R		L	
U	0	1	2	3	0
M	0	1	2	3	0
L	0	1	2	3	0

SUM GRADE

3. GROUND GLASS OPACITY PRESENT?
 NO YES IF NO GO TO #4

Grade	R				L			
U	0	1	2	3	0	1	2	3
M	0	1	2	3	0	1	2	3
L	0	1	2	3	0	1	2	3

1 = 25%
2 = 25%-50%
3 = 50%4. IS THERE ANY HONEYCOMBING PRESENT?
 NO YES IF NO GO TO #5

Grade	R				L			
U	0	1	2	3	0	1	2	3
M	0	1	2	3	0	1	2	3
L	0	1	2	3	0	1	2	3

1 = 25%
2 = 25%-50%
3 = 50%5. EMPYSEMA PRESENT?
 NO YES IF NO GO TO #6

Grade	R				L			
U	0	1	2	3	0	1	2	3
M	0	1	2	3	0	1	2	3
L	0	1	2	3	0	1	2	3

1 = 25%
2 = 25%-50%
3 = 50%6. ARE THERE LARGE OPACITIES PRESENT?
 A B C

Zones	
U	R
M	R
L	R

7A. ARE THERE ANY PLEURAL ABNORMALITIES PRESENT?
 NO YES IF NO GO TO #9

	No	Yes	Predominant Type		(choose one)
			Partial type	Visceral type	
W					
M					
D					

	R				L			
	U	I	2	3	U	I	2	3
X					X			
Y					Y			
Z					Z			

7B. IS THERE ROUNDED ATELECTASIS?
 I Z E8A. ARE ANY PLEURAL CALCIFICATIONS PRESENT?
 YES IF NO GO TO #9

8B. LOCATION

U W M D

9. SYMBOLS

U AX BR HI DI CV DI DO FF ES IP ER IH MI AP GD PR RA SC FB

10A. ARE NON-CALCIFIED NODULES PRESENT?

10B. NO. OF NODULES PRESENT

10C. MAXIMUM DIAMETER OF NODULES mm

 NO YES IF NO GO TO #1111. OTHER COMMENTS Coronary artery Ca++ . Atrophic (R) kidney12. READER INITIALS: CAMDATE OF READING 8/20/12 4-DIGIT IMAGE ID, AS READ FROM IMAGE (NOT FROM LABEL) N/A

FOR RETRIEVAL ONLY		
SITE EDIT	SITE FAIL.	SITE PASS
SCANNED	REC'D	KEY'D

Name: W. Patrick

DOB: 1953

Date:

CARD-ASB0347032

0005

Exhibit 13-5

Environmental Health Hazards Checklist
Medicare Coverage for Individuals Exposed to Environmental Health Hazards

Step 1: Identify the individual. (Completed by the field office.)		
First Name – Middle Initial – Last Name	<i>Patrick E. Ul</i>	
Social Security Number	Date of Birth	53
Step 2: Identify the asbestos-related condition(s) and its date of diagnosis. (Completed by the provider.)		
<i>Check the box next to the diagnosed impairment(s) and print the date of diagnosis.</i>		
Impairment	Diagnosis Code	Minimum Medical Evidence Required
<input type="checkbox"/> Asbestosis	5010	Interpretation by a B reader qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician
<input checked="" type="checkbox"/> Pleural thickening Pleural plaques	5010	Interpretation by a B reader qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician <i>for only</i>
<input type="checkbox"/> Mesothelioma	1630	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage or bronchoscopy report
<input type="checkbox"/> Malignancy of the lung	1620	Established by pathologic examination of biopsy tissue, cytology from bronchioalveolar lavage or bronchoscopy report
<input type="checkbox"/> Malignancy of the colon	1530	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the rectum	1530	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the larynx	1950	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the stomach	1510	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the esophagus	1500	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the pharynx	1950	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the ovary	1830	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Individual does not have an impairment listed above		
Date of Diagnosis:	<i>04/09/12</i>	

Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider.)		
This individual was present in Lincoln County, Montana, during the following time period(s):	<i>1980 - Current</i>	
Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (SSA will develop presence.)		

Printed Name	Physician's Signature	Date
<i>Brad Black MD</i>	<i>Brad Black MD</i>	<i>07/31/13</i>

Name: W _____, Patrick

DOB: _____ 1953

Date:

CARD-ASB0346930
0006



Benefits

Patient Name: Patrick W [REDACTED]

Date of Birth: [REDACTED]/1953

Encounter Date: 03/15/2016

EHH: 07/31/2013

Pilot: enrolled Effective Date: 01/01/2014

Pulse Oximeter: No

Improved Access: No

Completed by:

Miller, Miles 03/15/2016 10:26 AM

Document Generated By: Timothy Stuckey 03/15/2016 10:26 AM

CARD-ASB0346820

0007

<p align="center">WHOSE Records to be Disclosed</p> <p>NAME: [REDACTED] Surname PATRICK [REDACTED] SSN: [REDACTED] Birthday: [REDACTED] 953</p>	<p>Form Approved OMB No. 0960-0623</p>
AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)	
** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW **	
<p>I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange): OF WHAT <i>All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:</i></p>	
<ol style="list-style-type: none"> 1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) <i>including, and not limited to :</i> <ul style="list-style-type: none"> • Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501) • Drug abuse, alcoholism, or other substance abuse • Sickle cell anemia • Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS • Gene-related impairments (including genetic test results) 2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work. 3. Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations. 4. Information created within 12 months after the date this authorization is signed, as well as past information. 	
FROM WHOM	
<ul style="list-style-type: none"> • All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities • All educational sources (schools, teachers, records administrators, counselors, etc.) • Social workers/rehabilitation counselors • Consulting examiners used by SSA • Employers, insurance companies, workers' compensation programs • Others who may know about my condition (family, neighbors, friends, public officials) 	
TO WHOM	
<p>The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]</p>	
PURPOSE	
<p>Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.</p> <p><input type="checkbox"/> Determining whether I am capable of managing benefits ONLY (check only if this applies)</p>	
EXPIRES WHEN	
<p>This authorization is good for 12 months from the date signed (below my signature).</p>	
<ul style="list-style-type: none"> • I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above. • I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details). • I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details). • SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed. • I have read both pages of this form and agree to the disclosures above from the types of sources listed. 	
PLEASE SIGN USING BLUE OR BLACK INK ONLY	
INDIVIDUAL authorizing disclosure	
SIGN ►	
(Parent/guardian/personal representative sign here if two signatures required by State law) ►	
1-210- [REDACTED]	
1-31-2013	
Libby	
mt. 59923	
WITNESS I know the person signing this form or am satisfied of this person's identity.	
SIGN ►	
Phone Number (or Address)	
SIGN ►	
Phone Number (or Address)	
<small><i>This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S.C. section 290dd-2; 42 CFR part 2; 38 U.S.C. section 7332; 38 CFR 1.475; 20 U.S.C. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.</i></small>	
<small>Form SSA-827 (11-2012) ef (11-2012) Use 4-2009 and Later Editions Until Supply is Exhausted</small>	
<small>Page 1 of 2</small>	

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347049

0008

Exhibit 13-8

16-4444-1

y Admin

HelpDesk#:8776974889 Page 144

c
MF
21
LI

Electronic
of
Paper

PATRICK E [REDACTED] W [REDACTED]

SSN: [REDACTED] 0255 /
20150802700253
MAG752QA MAG752

COVER SHEET INSTRUCTIONS

THIS PAGE MUST BE ON TOP OF YOUR REPORT WHEN YOU FAX IT OR MAIL IT.

YOU MAY FAX YOUR REPORT AND/OR RECORDS TO

1-866-683-2367



PLEASE DO NOT ENCLOSE REPORTS OR
RECORDS ON MORE THAN ONE PERSON AT A
TIME. PLEASE PLACE THIS "COVER SHEET"
PAGE ON TOP OF EACH SET OF MEDICAL
RECORDS.

SSA HAS A CONTRACT WITH ACS IN SALT LAKE CITY TO SCAN
MEDICAL RECORDS SO THEY ARE PART OF THE CLAIMANT'S
ELECTRONIC FOLDER IF YOU DO NOT WANT TO FAX THEM.

Mailed 6/6/15

[REDACTED]

9 pgs. total
4 pgs. billed
6/18/15

(SP)

S29 MT DDS HELENA MT
STATE OF MONTANA
PO BOX 30720
SALT LAKE CITY UT 84130-9815



RQID:LMT0001926P00 SITE:S29 DR:S
SSN: [REDACTED] 0255 DOCTYPE:0001 RF:D CS:1334

Name: V [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347064
0009

16:44:50 Social Security Admin

HelpDesk#:8776974889 Page 2/4



Department of Public Health and Human Services

Disability Employment and Transitions Division • Disability Determination Services • 2550 Prospect Ave
Helena, MT 59604-4189 • Voice: 406-444-3054 • Toll Free: 800-545-3054 • Fax: 406-444-3564

Steve Bullock, Governor
Richard H. Opper, Director

CARD CLINIC
MEDICAL RECORDS
214 E 3RD ST
LIBBY, MT 59923

June 2, 2015

PATRICK [REDACTED] W [REDACTED]
[REDACTED]
LIBBY MT 59923

SSN: [REDACTED] 0255

TAX ID: [REDACTED]

ST ID: 52760

AUTH: 20150602700253

DOB: [REDACTED] 1953

REQUEST FOR INFORMATION

Our agency is determining this person's eligibility for disability benefits. Please provide copies of the records requested for the following dates: [REDACTED] 2009 to 2011 and 2014 to present

Include the following information:

- * Office notes
 - * Consultations
 - * PFS (pulmonary function studies), spirometry, results & tracings
 - * Imaging reports (e.g., x-rays/MRI/CT scans)
- We will pay up to \$25.00 for your records.

none

2015 only

INVOICE	
Date:	[REDACTED]
Tax-ID/SSN:	[REDACTED]
Amount Due:	[REDACTED]
Make Payable to:	[REDACTED]
Signature	[REDACTED]
VENDOR TAX ID OR SSN MUST BE ON THIS BILL	

CHECK HERE IF NO RECORDS ARE AVAILABLE _____

Fill out the information in the box above and return this page with the records, it will serve as an invoice. Place this page and records behind the bar code page. Faxing to 866-683-2367 will expedite receipt of records.

Call 800-545-3054 for dictation service information.

Include a current W-9 if you are a new vendor, or your name, address, or Tax ID changed.

MAGGI
Disability Determination Services
mag752qa/D0050

FAX

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date: [REDACTED]

CARD-ASB0347065
0010

Exhibit 13-10

16:45:01 Social Security Admin

HelpDesk#:8776974889 Page 3/4

W [REDACTED], PATRICK [REDACTED] 1953

5/23/2015

WHOSE Records to be DisclosedForm Approved
OMB No. 1650-0971

NAME (First, Middle, Last, Suffix)

Patrick [REDACTED] W [REDACTED]

SSN [REDACTED]

Birthday (mm/dd/yy)

53

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ******I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):****OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:**

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) *including, and not limited to:*
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:C A R D CLINIC
LIBBY, MT 59923Please see attached request.
2009 to 2011 and 2014 to present**TO WHOM****The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]****PURPOSE** Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits. Determining whether I am capable of managing benefits ONLY (check only if this applies)**EXPIRES WHEN** This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY If not signed by subject of disclosure, specify basis for authority to sign
INDIVIDUAL authorizing disclosureSIGN ► *Handwritten Signature*
Patrick [REDACTED] W [REDACTED] Parent of minor Guardian Other personal representative (explain)

(Parent/guardian/personal representative sign here if two signatures required by State law) ►

Date Signed 06/01/15 Street Address [REDACTED]

Phone Number (with area code) 409- [REDACTED] City LIBBY State MT ZIP 59923

WITNESS I know the person signing this form or am satisfied of this person's identity:

Attached by SSA or Designated State Agency Employee

If needed, second witness sign here (e.g., if signed with "X" above)

SIGN ► D Huerta

SIGN ►

Phone Number (or Address)
666-467-0150 KALISPELL MT 59901-3400

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-822 (11-2012) of (11-2012) Use 4-2009 and Later Editions Until Supply Is Exhausted

Page 1 of 2

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347066

0011

Exhibit 13-11

03/28/12 11:21 SJLH (406)293-0138 The info contained in this fax is privileged and confidential and is intended for the sole use of the intended recipient. Page

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: W [REDACTED], PATRICK E Date: 03/28/12
Patient BD: [REDACTED] 1953 Patient location: L. IMAGING Rm #:
Ordering Dr: BOLTZ, MICHELLE L FNP

CC:
BOLTZ, MICHELLE L FNP

MB 3/4/12

FILE DATE: 03/27/2012

PROCEDURE: CHEST/SINGLE VIEW

COMPARISON: No prior films available for comparison

INDICATIONS: ASBESTOS EXPOSURE

FINDINGS: The heart appears normal in size and configuration. The lungs are clear. The bony structures are unremarkable.

CONCLUSION:
NORMAL CHEST.

NO EVIDENCE FOR CARDIOPULMONARY DISEASE.

Dictated by: STEPHEN BECKER , M.D.

<<Signature on

File>>

Electronically signed by: BECKER, STEPHEN ,

M.D.

03/28/12 1113

BECST/PLW
03/28/12 0947 03/28/12 1014

IMAGING REPORT - MEDITOR

NAME: W [REDACTED], PATRICK E MR#: M000057213 ACCT#: AA0000730417
Rpt#: 0328-0015

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347029
0012

Feb. 1, 2013 9:11AM

PATRICK E [REDACTED] [SPO] HEALTH CENTER KALISPELL MT.

No. 6866 P. 2/67

page 1 of 1 ---

MB 2/6/13

THE IMAGING CENTER & MEDICAL CENTER
320 Cunnyview Lane
Kalispell, MT 59901
(406)751-7533

William Benedetto, M.D.
Patrick McDonnell, M.D.
Richard Friedman, M.D.
D.James Schumacher, M.D.

Hugh Cecil, M.D.
Anders Engdahl, M.D.
Frank Gray, M.B.
Debra Wade, M.D.

Read Vaughan, M.D.
Nick Cantrell, M.D.
Michael Horwitz, M.D.
Benjamin Pomerantz, M.D.

Page 1 of 1

REPORT STATUS: Signed

Patient: [REDACTED] PATRICK E Patient BD: [REDACTED] 1953 Age: 60
 Date: 01/04/13 Ordering Dr: DOCTOR, NON STAFF
 Patient location: H.PET Rm #: [REDACTED] Patient Phone: (406) [REDACTED] MSG
 Rpt#: 0104 0060

CC:
MCQUIGH,JAMES W MD

Exam Date and Time: 01/04/2013 10:25

PROCEDURE: PFT GFNFRIC

COMPARISON: ST JOHN'S LUTHERAN HOSPITAL, CT, CHEST W/O CONTRAST,
3/29/2012, 13:02.

INDICATIONS: Patient with bronchial cancer.

TECHNIQUE: The patient received an intravenous injection of 14.51 mCi 18-FDG. The patient was imaged 90 minutes after injection on a 64 row MDCT PET scanner. Pre-test blood glucose level was 111.

FINDINGS:

NECK:

BRAIN: Normal. Imaged portions of the brain have normal FDG uptake.

SOFT TISSUES: Normal. No enlarged or hypermetabolic lymph nodes. No masses are seen.

BONES: There is no evidence of metabolically active bone tumor.

CHEST:

LUNGS: In the right upper lobe, there is a 1.2 cm semisolid pulmonary nodule with angular margins. In the superior segment of the right lower lobe, there is a 1 cm spiculated subpleural nodule. In the right lower lobe, there is a 1 cm irregular shaped pulmonary nodule. In the posterior peripheral left lower lobe, there is a 6 mm semisolid nodule. On the FDG PET scan, there is no evidence of associated FDG

RADIOLOGY REPORT

NAME: [REDACTED] PATRICK E

MR#: X000003640

H00000453099

Name: [REDACTED] Patrick

DOB: [REDACTED] /1953

Date:

CARD-ASB0347030

0013

Feb. 1, 2013 9:12AM
WELCH, PATRICK E (0285) 1/4/2013 HEALTHCENTER KALINELL MT. MVCC RADIOLOGY PET SCAN REPL... NOTE 0 [REDACTED] No. 6866 P. 3/67 page 2 of 6

uptake.

PLEURA: Negative. No abnormal FDG uptake in the pleura.
MESIASTINUM: Normal. No enlarged or hypermetabolic lymph nodes are visualized.

CHEST WALL: Negative.

SPINE: There is no evidence of metabolically active bone tumor.

ABDOMEN AND PELVIS:

GI TRACT: There is normal diffuse FDG activity. No focal area of abnormal or suspicious uptake is seen.

LIVER: Normal heterogeneous uptake. No focal hypermetabolic areas.

BILIARY: Negative.

PANCREAS: Negative.

SPLEEN: Normal heterogeneous uptake.

ADRENAL GLANDS: Normal adrenal glands.

GENITOURINARY: Right renal atrophy.

LYMPH NODES: Negative.

VASCULAR: Negative.

MUSCULOSKELETA Negative. No abnormal FDG uptake.

OTHER FINDINGS: No free air or fluid.

CONCLUSION:

1. The pulmonary nodules described above and on the prior CT did not have associated FDG uptake. However, lack of FDG uptake is not definitive of benignity. Followup CT in 6 months or consultation with Interventional radiology regarding percutaneous transthoracic needle biopsy is recommended.
2. No evidence of abnormal FDG uptake within the neck, abdomen, or pelvis.
3. Right renal atrophy.

Dictated by: Mike Henson, M.D. on 1/04/2013 at 13:02
Electronically Signed by: Mike Henson, M.D. on 1/04/2013 at 13:02

RADIOLOGY REPORT

NAME: W [REDACTED] PATRICK E

MR#: X000093640

H00000463099

KELCH, PATRICK E (0285) 1/4/2013 - Page 2 of 6

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347031

0014

0427 STH 4061293-0138 Miller, Miles P dated 20170416 10:30 PM privileged and confidential and for the sole use of the intended recipient

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: W [REDACTED] PATRICK E Date: 06/11/15
Patient BD: [REDACTED] 1953 Patient location: LIMAGING Rm #:
Ordering Dr: MILLER, MILES PC-A

cc:
MILLER, MILES PA-C

Exam Date and Time: 06/11/2015 09:24
PROCEDURE: RADIOGRAPH: CHEST, SINGLE VIEW

COMPARISON: Chest x-ray March 2012.

INDICATIONS: History of asbestos exposure.

FINDINGS:

No pleural based thickening or plaquing is noted. No interstitial fibrosis is seen. In the right upper lobe there is a vague faint mass that measures about 1 cm in diameter that has irregular outer margins. This could feasibly represent a pleural based plaque although I cannot exclude a lung parenchymal lesion. The patient should have CT scan for follow-up.

CONCLUSION:

An irregular faint 1 cm mass overlying the right upper that could feasibly represent a pleural based plaque or a lung parenchymal tumor. The patient should have a CT scan. This is new from the 2012 film. No changes of asbestosis are noted otherwise.

Dictated by: Stephen Becker, M.D. on 6/11/2015 at 10:01
Transcribed by: PB on 6/11/2015 at 11:26
Electronically Signed by: Stephen Becker, M.D. on 6/15/2015 at 10:24

Dictated by: STEPHEN BECKER , M.D.

Electronically signed by: BECKER, STEPHEN , M.D.
06/15/15 1024

IMAGING REPORT - MEDITOR

NAME: W [REDACTED] PATRICK E MR#: M000057213 Rpt#: 0611-0032
ACCT#: AA0000849648

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347041
0015

Electronically Signed By: Miller, Miles PA 11/02/2017 08:44:21 AM
.5129 SJHM (406)293-0138 The info contained in this fax is privileged and confidential and for the sole use of the intended recipient!

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: W [REDACTED] PATRICK E Date: 06/11/15
Patient BD: [REDACTED] 1953 Patient location: LIMAGING Rm #:
Ordering Dr: MILLER, MILES PC-A

cc:
MILLER, MILES PA-C

Exam Date and Time: 06/11/2015 12:49
PROCEDURE: CT: CHEST WITHOUT CONTRAST

COMPARISON: ST JOHN'S LUTHERAN HOSPITAL, CT, CHEST W/O CONTRAST,
3/29/2012, 13:02.

INDICATIONS: History of asbestos exposure with dyspnea.

TECHNIQUE: Helical axial images were performed (without contrast)
with multiplanar reconstructions.

FINDINGS:

No mediastinal adenopathy or pericardial effusion. Coronary
calcifications. No lesion in the large central airways.

Mild bilateral apical paraseptal emphysema. The peripheral right upper
lobe pulmonary nodule (3/21) is not significantly changed in greatest
size at 1.2 cm but may be slightly increased in CC dimension and 0.6
cm. This has a somewhat semisolid appearance. Small subpleural focus of
scar again seen along the interlobar fissure at the level of the
superior segment right upper lobe. No new pulmonary nodule. No soft
tissue or calcified pleural plaques or interstitial findings concerning
for asbestos related disease. No pleural effusion.

Visible portion of the upper abdomen shows abnormal but stable
appearance of the right kidney that suggests sequela of a remote
insult. There is compensatory hypertrophy of the left kidney. No
aggressive skeletal lesion.

CONCLUSION:

There may be slight interval increase in CC dimension of the semisolid
appearing right upper lobe pulmonary nodule, which is not significantly
changed in size at 1.2 cm in greatest axial dimension. Given the
semisolid composition continued followup is suggested with surveillance
chest CT in 12 months.

IMAGING REPORT - MEDITOR

NAME: W [REDACTED] PATRICK E MR#: M000057213 Rpt#: 0611-0042
ACCT#: AA0000849648

Name: W [REDACTED] Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347042
0016

.5:29 SJLH (406)293-0138 The info contained in this fax is privileged and confidential and for the sole use of the intended recipient

Small, stable appearing subpleural focus of presumed scar again seen along the right major fissure.

No finding to suggest asbestos related disease.

Dictated by: Peter E. Humphrey, M.D. on 6/11/2015 at 15:05
Electronically Signed by: Peter E. Humphrey, M.D. on 6/11/2015 at 15:24

Dictated by: PETER E HUMPHREY M.D., M.D.

Electronically signed by: HUMPHREY, PETER E M.D., M.D.
06/11/15 1524

HUMPE/ph
06/11/15 1524 06/11/15 1524

IMAGING REPORT - MEDITOR

NAME: W [REDACTED] PATRICK E MR#: M000057213 Rp#: 0611-0042
ACCT#: AA0000849648

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347043
0017

Jul. 21. 2015 1:59PM SHMC RADIOLOGY

No. 1129 1P-3/3 of 1

Sacred Heart Medical Center
101 W 8th
Spokane, WA 99202
(509) 474-3131

WL ██████████ PATRICK E DOB: ████████ 953 Age at exam: 62 Y, 6 M Sex: M MRN: 60003362530
ACC: 7809459PHS Exam: XR CHEST INSPIRATION OR EXPIRATION ON Org: SHM
07/10/2015 2:29 PM PDT Ex. Sta: F Report Status: Finalized Perf. Resource: SHMXR-1

Signs and Symptoms: Post lung biopsy. Dr. Griffiths to read stat
Visit Pt Loc: WSH IRINTR **Phone:**

Attending: PROVIDER, NO ATTENDING
Requesting: GRIFFITTS, BRADLEY D, MD R1

Diagnostic report text

CHEST X-RAY ONE VIEW EXPIRATION

CLINICAL INFORMATION:

Post lung biopsy.

COMPARISON:
CT 7/10/2015

FINDINGS:

No evidence of pneumothorax. There is ill-defined focal 2.5 cm opacity right upper lung. This corresponds to CT same day. Surrounding opacity consistent with some focal hemorrhage.

IMPRESSION:

No evidence for pneumothorax following CT-guided lung biopsy. Patchy opacity right upper lung around the nodular opacity consistent with some parenchymal hemorrhage.

Responsible & Contributing Providers
REMEDIOS, PETER A, MD

End of Report for ACC: 7809459PHS

<http://pacs.inlandimaging.com/imagecast/ClinicalExamNotes/CENPrintReport.asp?Activit...> 7/21/2015

Name: WL ██████████, Patrick

DOB: ████████ 1953

Date:

CARD-ASB0347040

0018

Electronically signed by Black, Brad M.D. on 08/04/2016 at 1:54:32 AM. This document is privileged and confidential and for the sole use of the intended recipient.

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: signed

Patient: [REDACTED] PATRICK E Date: 08/31/16
Patient BD: [REDACTED] 1953 Patient location: LIMAGING Rm #:
Ordering Dr: BLACK, BRAD M.D.

cc:
BLACK, BRAD M.D.

Exam Date and Time: 08/31/2016 13:12
PROCEDURE: CT: CHEST, LOW DOSE

COMPARISON: ST JOHN'S LUTHERAN HOSPITAL, CT, CHEST W/O CONTRAST, 3/29/2012, 13:02. NORTHWEST IMAGING, NUC, PET GENERIC, 1/04/2013, 10:25. Cabinet Peaks Medical Center, CT, CT CHEST W/O, 6/11/2015, 12:49.

INDICATIONS: Lung cancer screening.

TECHNIQUE: CT imaging of the thorax was performed without IV contrast material using low dose technique.

FINDINGS:

Calcified plaque is present within the thoracic aorta and its branch vessels. There are coronary artery calcifications. No pericardial effusion. No enlarged thoracic lymph nodes. No pleural plaque. No pleural effusion or pneumothorax.

No new enlarging pulmonary nodules or masses. There is a predominantly solid 1.1 x 0.9 cm right upper lobe pulmonary nodule image 39/152 which is unchanged in size compared to 1/4/2013. There is an unchanged irregular curvilinear opacity within the superior segment of the right lower lobe which tethers the adjacent interlobar fissure. There is a unchanged 6 mm nodule in the posterior left lower lobe on image 71/52.

The right kidney is atrophic.

No aggressive osseous lesions.

CONCLUSION:

1. No new enlarging pulmonary nodules or masses. Previously demonstrated pulmonary nodules measuring up to 1.1 cm in the right upper lobe are unchanged in size. (Lung-RADS 2)
2. Coronary artery calcifications.

IMAGING REPORT - MEDITOR

NAME: WELCH, PATRICK E MR#: M000057213 Rpt#: 0831-0059
ACCT#: AA0000889643

6578X2

Name: [REDACTED] Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347038

0019

.8:31 SJLH (406)293-0138 The info contained in this fax is privileged and confidential and for the sole use of the intended recipient

3. Right renal atrophy.

Dictated by: Kelly Kieper, M.D. on 8/31/2016 at 14:03
Electronically Signed by: Kelly Kieper, M.D. on 8/31/2016 at 14:20

Dictated by: KELLY KIEPER M.D., M.D.

Electronically signed by: KIEPER, KELLY M.D., M.D.
08/31/16 1420

KIEKE/KK
08/31/16 1420 08/31/16 1420

IMAGING REPORT - MEDITOR

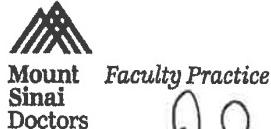
NAME: W█████, PATRICK E MR#: M000057213 Rpt#: 0831-0059
ACCT#: AA0000889643

Name: W█████, Patrick

DOB: █████ 1953

Date:

CARD-ASB0347039
0020



9-15-16
Patient given LCS
results by IS. review DO
at 9-8-16 1st T. McNamara

P: (212) 241-2420
F: (212) 241-9655

Patient: W█████, Patrick
ID: LMT0333
DOB: █████/1953
Date of exam: 8/31/2016

D. Geffetter, MD, FACP
11/28/16
Geffetter

Clinical Information: CT screening for asbestos exposure

Comparison CT Scans: Annual repeat. Comparisons: 11/Jun/2015 29/Mar/2012.

Description: CT examination of the entire thorax was performed at low-dose CT settings. Images were obtained at 1.25 mm slice thickness. Multiplanar reconstructions were performed.

Lung nodules:

- RLL Nodule 1 is non-calcified, spiculated, solid, 12.4 mm x 5.7 mm, irregularly marginated edges, unchanged since 2012. (series 2, image 107).
- RUL Nodule 2 is non-calcified, solid, 11.3 mm x 8.7 mm, smooth edges, unchanged since 2012. (series 2, image 77).
- LLL Nodule 3 is non-calcified, solid, 5 mm x 4 mm, smooth edges, unchanged since 2012. (series 2, image 141).
- LLL Nodule 4 is non-calcified, solid, 2 mm x 2 mm, smooth edges, unchanged since 2012. (series 2, image 99).
- LUL Nodule 5 is non-calcified, solid, 2.9 mm x 2.9 mm, smooth edges, is newly seen. (series 2, image 96). It is attached to the adjacent pleura.

Emphysema: Minimal.

Other lung findings: Bilateral apical scarring.

Pleura: No pleural effusions.

Coronary Artery Calcifications: extensive in left main, extensive in left anterior descending, none in circumflex, and moderate in right coronary. The Visual Coronary Artery Calcium (CAC) Score is 8.

Aortic Calcifications: minimal.

Cardiac Findings: No pericardial effusion.

Mediastinum: No abnormalities.

Abdomen: Abnormal but stable appearance of the right kidney is noted, as well as compensatory hypertrophy of the left kidney

Name: W█████, Patrick

DOB: █████/1953

Date:

CARD-ASB0347035

0021

W█████, Patrick
8/31/2016

.5

Impression:

Left upper lobe new nodule (diameter of 2.9 mm) is noted. Other nodule(s) unchanged, as described above.

The Visual Coronary Artery Calcium (CAC) Score is 8. Since your Visual CAC Score is above 3, we recommend that you consult with your physician for a clinical interpretation, as you may be at risk for coronary artery disease.

Recommendations:

Annual repeat CT in one year on 31/Aug/2017 for follow-up of the new left upper lobe nodule.

Thank you for the courtesy of this referral.

Sincerely,

Claudia I Henschke, PhD, MD

Electronically signed

ORDINAL SCORE	Agatston Score	RISK	RECOMMENDATIONS*
0	0	Very low	<ul style="list-style-type: none"> • Healthy lifestyle
1-3	1-100	Mild to moderately increased	<ul style="list-style-type: none"> • Healthy lifestyle • Moderate statin • ASA
4-12	>100	Moderate to severely increased	<ul style="list-style-type: none"> • Healthy lifestyle • Very intensive statin + second drug as needed • ASA • Consider functional testing to r/o obstruction • Aggressive BP lowering • Referral to Internist or preventive cardiologist

Reference:

- Shemesh J, Henschke CI, Shaham D, et al. Ordinal scoring of coronary artery calcifications on low-dose CT scans of the chest is predictive of death from cardiovascular disease. Radiology. 2010; 257: 541-8.

Name: W█████, Patrick

DOB: ████████ 1953

Date:

CARD-ASB0347036
0022

V█████h, Patrick
8/31/2016

2. Htwe Y, Cham MD, Henschke CI, et al. Coronary artery calcification on low-dose computed tomography: comparison of Agatston and Ordinal Scores. Clinical Imaging. 2015; 39: 799-802.

*3. Expert Work Group Members. 2016 SCCT/STR Guidelines for Coronary Artery Calcium Scoring of Noncontrast Noncardiac CT Scans. A report of the Society of Cardiovascular Computed Tomography / Society of Thoracic Radiology.

Name: W█████, Patrick

DOB: ████████1953

Date:

CARD-ASB0347037
0023

01/12/18 08:49 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 1

Cabinet Peaks Medical Center
209 Health Park Drive
Libby, MT 59923
(406)-283-7000

Cat Scan Report
Signed 0112-0011

Patient: W [REDACTED], Patrick E
DOB: [REDACTED] 1953
Age/Sex: 65 / M
Patient Location: IMAG /
Attending Physician: Black, Brad DR
Ordering Physician: BLACK,BRAD M.D.

MR #: M000057213
Acct #: C00001039543
Admit Date: 01/11/18
Order Number: 0111-0010
Accession Number(s): A0000020204

cc:
BLACK,BRAD M.D.

PROCEDURE: CT: CHEST, LOW DOSE LUNG CANCER SCREENING

COMPARISON: Cabinet Peaks Medical Center, CT, CT CHEST LOW DOSE W/O, 8/31/2016, 13:12. Cabinet Peaks Medical Center, CT, CT CHEST W/O, 6/11/2015, 12:49.

INDICATIONS: Patient presents for lung cancer screening.

TECHNIQUE: CT imaging of the thorax was performed without IV contrast material using low dose technique. CT dose-reducing technique was utilized.

FINDINGS:

There is atherosclerotic plaque within the aorta and its branch vessels. There are coronary artery calcifications. No pericardial effusion.

No enlarged lymph nodes in the chest.

No pleural effusion or pneumothorax. No pleural plaque.

There is endobronchial material within bilateral lower lobe bronchi. The central airways are otherwise patent. The lungs are well aerated. There is an unchanged part solid right upper lobe pulmonary nodule measuring 1.2 x 1.2 cm on series 6 image 23/74. Unchanged superior segment right lower lobe scar with tethering of the adjacent major fissure. There is an unchanged 5 mm ground-glass nodule within the left lower lobe on series 6, image 35/74.

No new nodules or masses.

There is atherosclerotic plaque within the abdominal vasculature. The right kidney is atrophic.

Healed traumatic posterior left 10th rib fracture. No aggressive osseous lesions.

Cat Scan Report 0112-0011

Patient Name: W [REDACTED], Patrick E

Acct #: C00001039543

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347033

0024

01/12/18 08:49 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 2

CONCLUSION:

1. Unchanged pulmonary nodules. L-RADS Category 2 - Benign appearance or behavior. Nodule(s) with a very low likelihood of becoming a clinically active cancer due to size or lack of growth. <1% probability of malignancy. Estimated population prevalence is 90%. Recommendation: Continue annual screening with LDCT in 12 months.
2. Endobronchial material within the lower lobes may represent sequela of bronchitis or aspiration.
3. Coronary artery calcifications
4. Unchanged atrophy of the right kidney.

Dictated by: Kelly Kieper, M.D. on 1/12/2018 at 8:30
Electronically Signed by: Kelly Kieper, M.D. on 1/12/2018 at 8:45

Dictated By: KIEPER,KELLY M.D.
Signed By:

Dictated By: KIEPER,KELLY M.D.
Signed By: 01/12/18 0845

DD/DT: 01/12/18 0845
TD/TT: 01/12/18 0845
Transcriptionist: KK

Cat Scan Report 0112-0011

Patient Name: W█████, Patrick E

Acct #: C00001039543

Name: W█████, Patrick

DOB: ██████████ 1953

Date:

CARD-ASB0347034

0025

1-24-18
Results given by
Miles Miles PA
1-15-18

Mount Sinai Doctors Faculty Practice

P: (212) 241-2420
F: (212) 241-9655

3-22-18 Doc Letter 1-11-18 Review 03-18

Patient: W [REDACTED] Patrick
ID: LMT0333
DOB: [REDACTED] 953
Date of exam: 1/11/2018

Clinical Information: CT screening for asbestos exposure.

Comparison CT Scans: Annual repeat. Comparisons: 8/31/2016, 6/11/2015, 3/29/2012.

Description: CT examination of the entire thorax was performed at low-dose CT settings. Images were obtained at 1.25 mm slice thickness. Multiplanar reconstructions were performed.

Lung nodules:

- RLL Nodule 1 is noncalcified, spiculated, solid, 12.4 mm x 5.7 mm, irregularly marginated edges, unchanged (series 2, image 111).
- RUL Nodule 2 is noncalcified, solid, 11.3 mm x 8.7 mm, smooth edges, unchanged (series 2, image 88).
- LLL Nodule 3 is noncalcified, solid, 5 mm x 4 mm, smooth edges, unchanged (series 2, image 137).
- LLL Nodule 4 is noncalcified, solid, 2 mm x 2 mm, smooth edges, unchanged (series 2, image 95).
- Previously seen LUL Nodule 5 has resolved.
- LLL Nodule 6 is noncalcified, solid, 8.5 mm x 5.8 mm, smooth edges, seen in retrospect with no change (series 2, image 130).

Other lung findings: Bilateral apical scarring.

Emphysema: Minimal.

Pleura: No pleural effusions.

Coronary Artery Calcifications: Extensive in left main, extensive in left anterior descending, none in circumflex, and moderate in right coronary. The Visual Coronary Artery Calcium (CAC) Score is 8.

Aortic Calcifications: Minimal.

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347024
0026

W [REDACTED], Patrick
1/11/2018

Cardiac Findings: No pericardial effusion.

Widest main pulmonary artery diameter is 20.9 mm. Widest ascending aortic diameter at the same level is 33.5 mm. The ratio is 0.62.

Mediastinum: No abnormalities.

Abdomen: Atrophic change is noted in the right kidney, unchanged. There is compensatory hypertrophy of the left kidney.

IMPRESSION:

1. Previously seen LUL nodule, newly seen on 8/31/2016, has resolved on the current scan.
2. Other nodules are unchanged.
3. Emphysema: Minimal.
4. The Visual Coronary Artery Calcium (CAC) Score is 8. Since your Visual CAC Score is above 3, we recommend that you consult with your physician for a clinical interpretation, as you may be at risk for coronary artery disease.

Recommendations: Annual repeat CT in one year on January 11, 2019.

Thank you for the courtesy of this referral.

Sincerely,

David F Yankelevitz, MD

Electronically signed

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347025
0027

Mount Sinai Faculty Practice
Doctors P: 212-241-2813
F: 212-241-9655

Patient: W█████, Patrick
ID: LMT0333
DOB: █████/1953
Exam Date: 01/03/2019

Clinical Information: CT screening for asbestos exposure.

Comparison CT Scans: Annual repeat. Comparisons: 01/11/2018, 08/31/2016, 06/11/2015, 03/29/2012.

Description: CT examination of the entire thorax was performed at low-dose CT settings. Images were obtained at 1.25 mm slice thickness. Multiplanar reconstructions were performed.

Lung nodules:

- RLL Nodule 1 is noncalcified, spiculated, solid, 12.4 mm x 5.7 mm, irregularly marginated edges, unchanged (series 2, image 103).
- RUL Nodule 2 is noncalcified, solid, 11.3 mm x 8.7 mm, smooth edges, unchanged (series 2, image 83).
- LLL Nodule 3 is noncalcified, solid, 5 mm x 4 mm, smooth edges, unchanged (series 2, image 128).
- LLL Nodule 4 is noncalcified, solid, 2 mm x 2 mm, smooth edges, unchanged (series 2, image 84).
- Previously seen LUL Nodule 5 has resolved.
- RLL Nodule 6 is noncalcified, solid, 8.5 mm x 5.8 mm, smooth edges, unchanged (series 2, image 122).

Other lung findings: Bilateral apical scarring.

Emphysema: Mild.

Pleura: No pleural effusions.

Coronary Artery Calcifications: Extensive in left main, extensive in left anterior descending, none in circumflex, and moderate in right coronary. The Visual Coronary Artery Calcium (CAC) Score is 8.

Aortic Calcifications: Minimal.

Cardiac Findings: No pericardial effusion.

Widest main pulmonary artery diameter is 20.5 mm. Widest ascending aortic diameter at the same level is 33.8 mm. The ratio is 0.61.

Mediastinum: No abnormalities.

Name: W█████, Patrick

DOB: █████/1953

Date:

CARD-ASB0347020
0028

01/03/2019
W [REDACTED], Patrick

Abdomen: Abnormal shrunken but stable appearance of the right kidney is noted, as well as compensatory hypertrophy of the left kidney.

IMPRESSIONS:

1. Multiple solid nodules are unchanged from 2012.
2. Emphysema: Mild.
3. The Visual Coronary Artery Calcium (CAC) Score is 8. Since your Visual CAC Score is above 3, we recommend that you consult with your physician for a clinical interpretation, as you may be at risk for coronary artery disease.

RECOMMENDATION: Annual repeat CT in one year on January 3, 2020.

Thank you for the courtesy of this referral.

Sincerely,
David F. Yankelevitz, MD
Electronically signed

References:

Recommendations for nodules and other findings are detailed in the I-ELCAP Protocol. A summary and the full I-ELCAP protocol can be viewed at: <http://ielcap.org/protocols>.

ORDINAL SCORE	AGATSTON SCORE	RISK	RECOMMENDATIONS*
0	0	Very low	<ul style="list-style-type: none"> Healthy lifestyle
1-3	1-100	Mild to moderately increased	<ul style="list-style-type: none"> Healthy lifestyle Moderate statin ASA
4-12	>100	Moderate to severely increased	<ul style="list-style-type: none"> Healthy lifestyle Very intensive statin + second drug as needed ASA Consider functional testing to r/o obstruction Aggressive BP lowering Referral to Internist or preventive cardiologist

1. Shemesh J, Henschke CI, Shaham D, et al. Ordinal scoring of coronary artery calcifications on low-dose CT scans of the chest is predictive of death from cardiovascular disease. Radiology. 2010; 257: 541-8.

2. Htwe Y, Cham MD, Henschke CI, et al. Coronary artery calcification on low-dose computed tomography: comparison of Agatston and Ordinal Scores. Clinical Imaging. 2015; 39: 799-802.

*3. Expert Work Group Members. 2016 SCCT/STR Guidelines for Coronary Artery Calcium Scoring of Noncontrast Noncardiac CT Scans. A report of the Society of Cardiovascular Computed Tomography / Society of Thoracic Radiology.

2 / 2

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347021

0029

01/04/19 12:04 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 1

Cabinet Peaks Medical Center
209 Health Park Drive
Libby, MT 59923
(406)-283-7000

Cat Scan Report
Signed 0104-0015

Patient: [REDACTED] Patrick E

DOB: [REDACTED] /1953

Age/Sex: 65 / M

Patient Location: IMAG /

Attending Physician: Black,Brad DR

Ordering Physician: BLACK,BRAD M.D.

MR #: M000057213

Acct #: C00001086712

Admit Date: 01/03/19

Order Number: 0103-0004

Accession Number(s): A0000041310

cc:

BLACK,BRAD M.D.

PROCEDURE: CT: ELCAP LUNG CANCER SCREENING - LOW DOSE CHEST WITHOUT CONTRAST

COMPARISON: 3/29/2012, 6/11/2015, 8/31/2016, PET CT 1/4/2013

INDICATIONS: Lung cancer screening. Known pulmonary nodules. High risk screening exam.

TECHNIQUE: CT imaging of the thorax was performed without IV contrast material using low dose technique.

FINDINGS:

In the right upper lobe, spiculated solid pulmonary nodule measuring 9 x 13 mm is stable to CT 8/31/2016 and is stable to decreased in size to the CT 3/29/2012 at which time it measured 13 x 13 mm although has increased in density when compared to the study in 2012 at which time it was semi-solid. There is subjacent pleural reaction, focal thickening and linear parenchymal opacity showing architectural distortion and slight bronchiectasis. Findings would suggest a focal scar. Likewise, in the superior segment of the right lower lobe, there is a plaque-like pulmonary nodule measuring 7 x 13 mm axial dimension, which is stable to previous imaging. It has subjacent architectural distortion and intensity major fissure with posterior retraction. It is most compatible with a focal scar as well. Mild paraseptal emphysematous change at the lung apices. Posterior left lower lobe subpleural pulmonary nodule measuring 6 mm is stable to previous imaging and felt to be stable to the remote exam in 2012 obtained with 5 mm thick sections. No developing pulmonary nodules are found. There is a pulmonary granuloma present in the right lower lobe measuring 3 mm and appears calcified (image 106/297) and a second calcified pulmonary nodule seen on image 115/297 measuring 3 mm. Additional scattered micro-nodules are also seen in each lung, which are unchanged. There is no new or enlarging pulmonary nodule identified.

No pleural or pericardial effusion. No definite pleural or hemidiaphragmatic plaques. There are coronary arterial calcifications.

Cat Scan Report 0104-0015

Patient Name: Welch,Patrick E

Acct #: C00001086712

Name: [REDACTED] Patrick

DOB: [REDACTED] /1953

Date:

CARD-ASB0347022

0030

01/04/19 12:04 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 2

No pathologic mediastinal or hilar adenopathy is observed. The included unenhanced upper abdomen demonstrates marked right renal atrophy. There is chronic anterior tapering of at least 2 mid thoracic vertebra, unchanged.

CONCLUSION:

1. L-RADS Category 2: Benign CT chest lung cancer screening exam. There are benign stable bilateral pulmonary nodules. A right upper lobe pulmonary nodule is stable in size including to exam 2012 although has increased in attenuation since that time. Continued surveillance is indicated.
2. Mild emphysematous disease.
3. RECOMMENDATION: Annual screening.

Dictated by: Patrick McDonnell, M.D. on 1/04/2019 at 8:38
Transcribed by: PB on 1/04/2019 at 8:53
Electronically Signed by: Patrick McDonnell, M.D. on 1/04/2019 at 11:54

Dictated By: McDonnell, Pat J MD
Signed By:

Dictated By: McDonnell, Pat J MD

Signed By: 01/04/19 1154

DD/DT: 01/04/19 0838
TD/TT: 01/04/19 1154
Transcriptionist: PAB

Cat Scan Report 0104-0015

Patient Name: [REDACTED] Patrick E

Acct #: C00001086712

Name: [REDACTED] Patrick

DOB: [REDACTED]/1953

Date:

CARD-ASB0347023

0031

Person ID	ID	Last Name	First Name	Middle Name	Visit Date	Birth Date	CXR Screening type	CT Screening type	Visit	Age	Age Category	Weight	Height	Race	Residency	New Pt?
3329					9/16/2013				1	2	49 Between age 35-49			Caucasian	3	1
3330	657827	W [REDACTED]	Patrick	E.	6/11/2015	[REDACTED] 1953				62	Between age 50-64	173	74	Caucasian	1	2
3330	657827	W [REDACTED]	Patrick	E.	3/28/2012	[REDACTED] 1953			1	1	59 Between age 50-64	169	74	Caucasian	1	1
3331					7/10/2012					33	Under age 35	152	67	Caucasian	3	1

Person ID	ID	Last Name	First Name	Seen MD?	Recall Class (1, 3, or 5 yrs)	Smoker	Quit smoking since previous Screening	Diagnostic Track	Diagnosis Appt	FOBT
3329					3	1	2	0 CT	4/15/2014	N
3330	657827	W [REDACTED]	Patrick		4	1	2	1 CT	6/23/2015	Y
3330	657827	W [REDACTED]	Patrick		3	1	1	0 CT	4/9/2012	Deferred
3331					3	2	1	0 CT	7/12/2012	N

Person ID	ID	Last Name	First Name	FOBT Mailed Date	FOBT Returned	FOBT Returned Date	FOBT Results	Pt Notified of FOBT	NCM phone f/u?	NCM phone notes	Grace A/D	Grace Date
3329												
3330	657827	Welch	Patrick									
3330	657827	V█████	Patrick									
3331												

Person ID	ID	Last Name	First Name	ATSDR	ARD	Pilot Interest	ARD Medicare Interest	ARD Medicare	CKR Date	CKR Set	2nd Set	CARD (CKR)
3329					2				2	8/29/2013	3X016	
3330	657827	Welch	Patrick	1	1				1	6/11/2015	4X073	
3330	657827	Welch	Patrick	2	2				1	3/28/2012	1X053	
3331					2				1	7/10/2012	2X002	

Person ID	ID	Last Name	First Name	CARD CXR (parenchymal)	CARD CXR (pleural)	B-Read1 (parenchymal)	B-Read1 (pleural)	B-Read2 (parenchymal)	B-Read2 (pleural)	CXR PR Set
3329				N	N	N	N			
3330	657827	[REDACTED]	Patrick	N	E	N	N			
3330	657827	[REDACTED]	Patrick	N	N	N	N			
3331				N	N	N	N			

Person ID	ID	Last Name	First Name	PR3 B-Read (parenchymal)	PR3 B-Read (plural)	PR3 B-Reader Name	PR4 B-Read (parenchymal)	PR4 B-Read (plural)	PR4 B-Reader Name	PR1 B-Read SentDate
3329										
3330	657827 V [REDACTED]		Patrick							
3330	657827 V [REDACTED]		Patrick							
3331	401024268-986									

Person ID	ID	Last Name	First Name	PR1 B-Read (parenchymal)	PR1 B-Read (plural)	PR1 B-Reader Name	PR2 B-Read (parenchymal)	PR2 B-Read (plural)	PR2 B-Reader Name
3329									
3330	657827	W [REDACTED]	Patrick						
3330	657827	W [REDACTED]	Patrick						
3331									

Person ID	ID	Last Name	First Name	CARD CXR (parenchymal)	CARD CXR (pleural)	B-Read1 (parenchymal)	B-Read1 (pleural)	B-Read2 (parenchymal)	B-Read2 (pleural)	CXR PR Set
3329				N	N	N	N			
3330	657827	W [REDACTED]	Patrick	N	E	N	N			
3330	657827	V [REDACTED]	Patrick	N	N	N	N			
3331				N	N	N	N			

Person ID	ID	Last Name	First Name	ATSDR	ARD	Pilot interest	ARD Medicare interest	ARD Medicare	CXR Date	CXR Set	2nd Set	CARD (CXR)
3329					2				2 8/29/2013	3X016		
3330	657827	W [REDACTED]	Patrick		1				1 6/11/2015	4X073		
3330	657827	W [REDACTED]	Patrick		2				1 3/28/2012	1X053		
3331					2				1 7/10/2012	2X002		

Person ID	ID	Last Name	First Name	FOBT Mailed Date	FOBT Returned	FOBT Returned Date	FOBT Results	Pt Notified of FOBT	NCM phone f/u?	NCM phone notes	Grace A/D	Grace Date
3329												
3330	657827 [REDACTED]	Patrick										
3330	657827 [REDACTED]	Patrick										
3331	657827 [REDACTED]	Patrick										

Person ID	ID	Last Name	First Name	Seen MD?	Recall Class (1, 3, or 5 yrs)	Smoker	Quit smoking since previous Screening	Diagnostic Track	Diagnosis Appt	FOBT
3329					3	1	2	0 CT	4/15/2014	N
3330	657827	W [REDACTED]	Patrick	4		1	2	1 CT	6/23/2015	Y
3330	657827	W [REDACTED]	Patrick	3		1	1	0 CT	4/9/2012	Deferred
3331					3	2	1	0 CT	7/12/2012	N

Person ID	ID	Last Name	First Name	Middle Name	Visit Date	Birth Date	CXR Screening type	CT Screening type	Visit	Age	Age Category	Weight	Height	Race	Residency	New Pt?
3329					9/16/2013			1	2	49	Between age 55-49			Caucasian	3	3
3330	657827	W	Patrick	E.	6/11/2015	■/1953		1	1	62	Between age 50-64	173	74	Caucasian	1	1
3330	657827	V	Patrick	E.	3/28/2012	■/1953		1	1	59	Between age 50-64	169	74	Caucasian	1	1
3331					7/10/2012			1	1	33	Under age 55	152	67	Caucasian	3	1

[REDACTED] 19 12:04 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 2

No pathologic mediastinal or hilar adenopathy is observed. The included unenhanced upper abdomen demonstrates marked right renal atrophy. There is chronic anterior tapering of at least 2 mid thoracic vertebra, unchanged.

CONCLUSION:

1. L-RADS Category 2: Benign CT chest lung cancer screening exam. There are benign stable bilateral pulmonary nodules. A right upper lobe pulmonary nodule is stable in size including to exam 2012 although has increased in attenuation since that time. Continued surveillance is indicated.
2. Mild emphysematous disease.
3. RECOMMENDATION: Annual screening.

Dictated by: Patrick McDonnell, M.D. on 1/04/2019 at 8:38

Transcribed by: PB on 1/04/2019 at 8:53

Electronically Signed by: Patrick McDonnell, M.D. on 1/04/2019 at 11:54

Dictated By: McDonnell, Pat J MD

Signed By:

Dictated By:

McDonnell, Pat J MD

Signed By:

[REDACTED] 19 1154

DD/DT: [REDACTED] 19 0838

TD/TT: [REDACTED] 19 1154

Transcriptionist: PAB

Cat Scan Report 0104-0015

Patient Name: W [REDACTED], Patrick E

Acct #: C00001086712

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347023

0031

01/04/19 12:04 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 1

Cabinet Peaks Medical Center
209 Health Park Drive
Libby, MT 59923
(406)-283-7000

Cat Scan Report
Signed 0104-0015

Patient: W [REDACTED], Patrick E
DOB: [REDACTED] 1953
Age/Sex: 65 / M
Patient Location: IMAG /
Attending Physician: Black,Brad DR
Ordering Physician: BLACK,BRAD M.D.

MR #: M000057213
Acct #: C00001086712
Admit Date: 01/03/19
Order Number: 0103-0004
Accession Number(s): A0000041310

cc:
BLACK,BRAD M.D.

PROCEDURE: CT: ELCAP LUNG CANCER SCREENING - LOW DOSE CHEST WITHOUT CONTRAST

COMPARISON: 3/29/2012, 6/11/2015, 8/31/2016, PET CT 1/4/2013

INDICATIONS: Lung cancer screening. Known pulmonary nodules. High risk screening exam.

TECHNIQUE: CT imaging of the thorax was performed without IV contrast material using low dose technique.

FINDINGS:

In the right upper lobe, spiculated solid pulmonary nodule measuring 9 x 13 mm is stable to CT 8/31/2016 and is stable to decreased in size to the CT 3/29/2012 at which time it measured 13 x 13 mm although has increased in density when compared to the study in 2012 at which time it was semi-solid. There is subjacent pleural reaction, focal thickening and linear parenchymal opacity showing architectural distortion and slight bronchiectasis. Findings would suggest a focal scar. Likewise, in the superior segment of the right lower lobe, there is a plaque-like pulmonary nodule measuring 7 x 13 mm axial dimension, which is stable to previous imaging. It has subjacent architectural distortion and intensity major fissure with posterior retraction. It is most compatible with a focal scar as well. Mild paraseptal emphysematous change at the lung apices. Posterior left lower lobe subpleural pulmonary nodule measuring 6 mm is stable to previous imaging and felt to be stable to the remote exam in 2012 obtained with 5 mm thick sections. No developing pulmonary nodules are found. There is a pulmonary granuloma present in the right lower lobe measuring 3 mm and appears calcified (image 106/297) and a second calcified pulmonary nodule seen on image 115/297 measuring 3 mm. Additional scattered micro-nodules are also seen in each lung, which are unchanged. There is no new or enlarging pulmonary nodule identified.

No pleural or pericardial effusion. No definite pleural or hemidiaphragmatic plaques. There are coronary arterial calcifications.

Cat Scan Report 0104-0015

Patient Name: W [REDACTED] Patrick E

Acct #: C00001086712

Name: W [REDACTED] Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347022

0030

01/03/2019
W [REDACTED], Patrick

Abdomen: Abnormal shrunken but stable appearance of the right kidney is noted, as well as compensatory hypertrophy of the left kidney.

IMPRESSIONS:

1. Multiple solid nodules are unchanged from 2012.
2. Emphysema: Mild.
3. The Visual Coronary Artery Calcium (CAC) Score is 8. Since your Visual CAC Score is above 3, we recommend that you consult with your physician for a clinical interpretation, as you may be at risk for coronary artery disease.

RECOMMENDATION: Annual repeat CT in one year on January 3, 2020.

Thank you for the courtesy of this referral.

Sincerely,
David F. Yankelevitz, MD
Electronically signed

References:

Recommendations for nodules and other findings are detailed in the I-ELCAP Protocol. A summary and the full I-ELCAP protocol can be viewed at: <http://ielcap.org/protocols>.

ORDINAL SCORE	AGATSTON SCORE	RISK	RECOMMENDATIONS*
0	0	Very low	<ul style="list-style-type: none"> • Healthy lifestyle
1-3	1-100	Mild to moderately increased	<ul style="list-style-type: none"> • Healthy lifestyle • Moderate statin • ASA
4-12	>100	Moderate to severely increased	<ul style="list-style-type: none"> • Healthy lifestyle • Very intensive statin + second drug as needed • ASA • Consider functional testing to r/o obstruction • Aggressive BP lowering • Referral to Internist or preventive cardiologist

1. Shemesh J, Henschke CI, Shaham D, et al. Ordinal scoring of coronary artery calcifications on low-dose CT scans of the chest is predictive of death from cardiovascular disease. Radiology. 2010; 257: 541-8.

2. Htwe Y, Cham MD, Henschke CI, et al. Coronary artery calcification on low-dose computed tomography: comparison of Agatston and Ordinal Scores. Clinical Imaging. 2015; 39: 799-802.

*3. Expert Work Group Members. 2016 SCCT/STR Guidelines for Coronary Artery Calcium Scoring of Noncontrast Noncardiac CT Scans. A report of the Society of Cardiovascular Computed Tomography / Society of Thoracic Radiology.

2 / 2

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347021

0029

Mount Sinai Faculty Practice
Doctors P: 212-241-2813
F: 212-241-9655

Patient: W [REDACTED] Patrick
ID: LMT0333
DOB: [REDACTED] 1953
Exam Date: 01/03/2019

Clinical Information: CT screening for asbestos exposure.

Comparison CT Scans: Annual repeat. Comparisons: 01/11/2018, 08/31/2016, 06/11/2015, 03/29/2012.

Description: CT examination of the entire thorax was performed at low-dose CT settings. Images were obtained at 1.25 mm slice thickness. Multiplanar reconstructions were performed.

Lung nodules:

- RLL Nodule 1 is noncalcified, spiculated, solid, 12.4 mm x 5.7 mm, irregularly marginated edges, unchanged (series 2, image 103).
- RUL Nodule 2 is noncalcified, solid, 11.3 mm x 8.7 mm, smooth edges, unchanged (series 2, image 83).
- LLL Nodule 3 is noncalcified, solid, 5 mm x 4 mm, smooth edges, unchanged (series 2, image 128).
- LLL Nodule 4 is noncalcified, solid, 2 mm x 2 mm, smooth edges, unchanged (series 2, Image 84).
- Previously seen LUL Nodule 5 has resolved.
- RLL Nodule 6 is noncalcified, solid, 8.5 mm x 5.8 mm, smooth edges, unchanged (series 2, image 122).

Other lung findings: Bilateral apical scarring.

Emphysema: Mild.

Pleura: No pleural effusions.

Coronary Artery Calcifications: Extensive in left main, extensive in left anterior descending, none in circumflex, and moderate in right coronary. The Visual Coronary Artery Calcium (CAC) Score is 8.

Aortic Calcifications: Minimal.

Cardiac Findings: No pericardial effusion.

Widest main pulmonary artery diameter is 20.5 mm. Widest ascending aortic diameter at the same level is 33.8 mm. The ratio is 0.61.

Mediastinum: No abnormalities.

Name: W [REDACTED] Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347020

0028

W [REDACTED], Patrick
1/11/2018

Cardiac Findings: No pericardial effusion.

Widest main pulmonary artery diameter is 20.9 mm. Widest ascending aortic diameter at the same level is 33.5 mm. The ratio is 0.62. 

Mediastinum: No abnormalities.

Abdomen: Atrophic change is noted in the right kidney, unchanged. There is compensatory hypertrophy of the left kidney.

IMPRESSION: 

1. Previously seen LUL nodule, newly seen on 8/31/2016, has resolved on the current scan.
2. Other nodules are unchanged.
3. Emphysema: Minimal.
4. The Visual Coronary Artery Calcium (CAC) Score is 8. Since your Visual CAC Score is above 3, we recommend that you consult with your physician for a clinical interpretation, as you may be at risk for coronary artery disease.

Recommendations: Annual repeat CT in one year on January 11, 2019.

Thank you for the courtesy of this referral.

Sincerely,

David F Yankelevitz, MD

Electronically signed

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347025
0027



1-24-18
Results given by
Miles Miles, PA
1-15-18

Faculty Practice

P: (212) 241-2420
F: (212) 241-9655

Patient: W [REDACTED] Patrick
ID: LMT0333
DOB: [REDACTED] 1953
Date of exam: 1/11/2018

3-22-18
Doc Letter
1/11/03-18
Faxed to [REDACTED]
[Signature]

Clinical Information: CT screening for asbestos exposure.

Comparison CT Scans: Annual repeat. Comparisons: 8/31/2016, 6/11/2015, 3/29/2012.

Description: CT examination of the entire thorax was performed at low-dose CT settings. Images were obtained at 1.25 mm slice thickness. Multiplanar reconstructions were performed.

Lung nodules:

- RLL Nodule 1 is noncalcified, spiculated, solid, 12.4 mm x 5.7 mm, irregularly marginated edges, unchanged (series 2, image 111).
- RUL Nodule 2 is noncalcified, solid, 11.3 mm x 8.7 mm, smooth edges, unchanged (series 2, image 88).
- LLL Nodule 3 is noncalcified, solid, 5 mm x 4 mm, smooth edges, unchanged (series 2, image 137).
- LLL Nodule 4 is noncalcified, solid, 2 mm x 2 mm, smooth edges, unchanged (series 2, image 95).
- Previously seen LUL Nodule 5 has resolved.
- LLL Nodule 6 is noncalcified, solid, 8.5 mm x 5.8 mm, smooth edges, seen in retrospect with no change (series 2, image 130).

Other lung findings: Bilateral apical scarring.

Emphysema: Minimal.

Pleura: No pleural effusions.

Coronary Artery Calcifications: Extensive in left main, extensive in left anterior descending, none in circumflex, and moderate in right coronary. The Visual Coronary Artery Calcium (CAC) Score is 8.

Aortic Calcifications: Minimal.

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date: [REDACTED]

CARD-ASB0347024
0026

01/12/18 08:49 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 2

CONCLUSION:

1. Unchanged pulmonary nodules. L-RADS Category 2 - Benign appearance or behavior. Nodule(s) with a very low likelihood of becoming a clinically active cancer due to size or lack of growth. <1% probability of malignancy. Estimated population prevalence is 90%. Recommendation: Continue annual screening with LDCT in 12 months.
2. Endobronchial material within the lower lobes may represent sequela of bronchitis or aspiration.
3. Coronary artery calcifications
4. Unchanged atrophy of the right kidney.

Dictated by: Kelly Kieper, M.D. on 1/12/2018 at 8:30
Electronically Signed by: Kelly Kieper, M.D. on 1/12/2018 at 8:45

Dictated By: KIEPER,KELLY M.D.
Signed By:

Dictated By: KIEPER,KELLY M.D.

Signed By: 01/12/18 0845

DD/DT: 01/12/18 0845
TD/TT: 01/12/18 0845
Transcriptionist: KK

Cat Scan Report 0112-0011

Patient Name: W [REDACTED], Patrick E

Acct #: C00001039543

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347034
0025

01/12/18 08:49 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 1

Cabinet Peaks Medical Center
209 Health Park Drive
Libby, MT 59923
(406)-283-7000

Cat Scan Report
Signed 0112-0011

Patient: W█████ Patrick E
DOB: █████/1953
Age/Sex: 65 / M
Patient Location: IMAG /
Attending Physician: Black, Brad DR
Ordering Physician: BLACK,BRAD M.D.

MR #: M000057213
Acct #: C00001039543
Admit Date: 01/11/18
Order Number: 0111-0010
Accession Number(s): A0000020204

cc:
BLACK,BRAD M.D.

PROCEDURE: CT: CHEST, LOW DOSE LUNG CANCER SCREENING

COMPARISON: Cabinet Peaks Medical Center, CT, CT CHEST LOW DOSE W/O, 8/31/2016, 13:12. Cabinet Peaks Medical Center, CT, CT CHEST W/O, 6/11/2015, 12:49.

INDICATIONS: Patient presents for lung cancer screening.

TECHNIQUE: CT imaging of the thorax was performed without IV contrast material using low dose technique. CT dose-reducing technique was utilized.

FINDINGS:

There is atherosclerotic plaque within the aorta and its branch vessels. There are coronary artery calcifications. No pericardial effusion.

No enlarged lymph nodes in the chest.

No pleural effusion or pneumothorax. No pleural plaque.

There is endobronchial material within bilateral lower lobe bronchi. The central airways are otherwise patent. The lungs are well aerated. There is an unchanged part solid right upper lobe pulmonary nodule measuring 1.2 x 1.2 cm on series 6 image 23/74. Unchanged superior segment right lower lobe scar with tethering of the adjacent major fissure. There is an unchanged 5 mm ground-glass nodule within the left lower lobe on series 6, image 35/74.

No new nodules or masses.

There is atherosclerotic plaque within the abdominal vasculature. The right kidney is atrophic.

Healed traumatic posterior left 10th rib fracture. No aggressive osseous lesions.

Cat Scan Report 0112-0011

Patient Name: W█████,Patrick E

Acct #: C00001039543

Name: W█████, Patrick

DOB: █████/1953

Date:

CARD-ASB0347033

0024

W█████, Patrick
8/31/2016

2. Htwe Y, Cham MD, Henschke CI, et al. Coronary artery calcification on low-dose computed tomography: comparison of Agatston and Ordinal Scores. Clinical Imaging. 2015; 39: 799-802.

*3. Expert Work Group Members. 2016 SCCT/STR Guidelines for Coronary Artery Calcium Scoring of Noncontrast Noncardiac CT Scans. A report of the Society of Cardiovascular Computed Tomography / Society of Thoracic Radiology.

Name: W█████, Patrick

DOB: █████ 1953

Date:

CARD-ASB0347037
0023

W [REDACTED], Patrick
8/31/2016

5

Impression:

Left upper lobe new nodule (diameter of 2.9 mm) is noted. Other nodule(s) unchanged, as described above.

The Visual Coronary Artery Calcium (CAC) Score is 8. Since your Visual CAC Score is above 3, we recommend that you consult with your physician for a clinical interpretation, as you may be at risk for coronary artery disease.

Recommendations:

Annual repeat CT in one year on 31/Aug/2017 for follow-up of the new left upper lobe nodule.

Thank you for the courtesy of this referral.

Sincerely,

Claudia I Henschke, PhD, MD

Electronically signed

ORDINAL SCORE	Agatston Score	RISK	RECOMMENDATIONS*
0	0	Very low	<ul style="list-style-type: none"> • Healthy lifestyle
1-3	1-100	Mild to moderately increased	<ul style="list-style-type: none"> • Healthy lifestyle • Moderate statin • ASA
4-12	>100	Moderate to severely increased	<ul style="list-style-type: none"> • Healthy lifestyle • Very intensive statin + second drug as needed • ASA • Consider functional testing to r/o obstruction • Aggressive BP lowering • Referral to internist or preventive cardiologist

Reference:

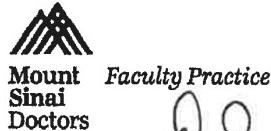
- Shemesh J, Henschke CI, Shaham D, et al. Ordinal scoring of coronary artery calcifications on low-dose CT scans of the chest is predictive of death from cardiovascular disease. Radiology. 2010; 257: 541-8.

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date: [REDACTED]

CARD-ASB0347036
0022



9-15-16
Patient given LGS
results by S. Zorn DO
at 9-8-16 just
T. M. Wurman

P: (212) 241-2420
F: (212) 241-9655

Patient: W█, Patrick
ID: LMT0333
DOB: █1953
Date of exam: 8/31/2016

D. Georgette
MD
11/28/16
STK

Clinical Information: CT screening for asbestos exposure

Comparison CT Scans: Annual repeat. Comparisons: 11/Jun/2015 29/Mar/2012.

Description: CT examination of the entire thorax was performed at low-dose CT settings. Images were obtained at 1.25 mm slice thickness. Multiplanar reconstructions were performed.

Lung nodules:

- RLL Nodule 1 is non-calcified, spiculated, solid, 12.4 mm x 5.7 mm, irregularly marginated edges, unchanged since 2012. (series 2, image 107).
- RUL Nodule 2 is non-calcified, solid, 11.3 mm x 8.7 mm, smooth edges, unchanged since 2012. (series 2, image 77).
- LLL Nodule 3 is non-calcified, solid, 5 mm x 4 mm, smooth edges, unchanged since 2012. (series 2, image 141).
- LLL Nodule 4 is non-calcified, solid, 2 mm x 2 mm, smooth edges, unchanged since 2012. (series 2, image 99).
- LUL Nodule 5 is non-calcified, solid, 2.9 mm x 2.9 mm, smooth edges, is newly seen. (series 2, image 96). It is attached to the adjacent pleura.

Emphysema: Minimal.

Other lung findings: Bilateral apical scarring.

Pleura: No pleural effusions.

Coronary Artery Calcifications: extensive in left main, extensive in left anterior descending, none in circumflex, and moderate in right coronary. The Visual Coronary Artery Calcium (CAC) Score is 8.

Aortic Calcifications: minimal.

Cardiac Findings: No pericardial effusion.

Mediastinum: No abnormalities.

Abdomen: Abnormal but stable appearance of the right kidney is noted, as well as compensatory hypertrophy of the left kidney

Name: W█, Patrick

DOB: █1953

Date:

CARD-ASB0347035
0021

.8:31 SJLH (406)293-0138 The info contained in this fax is privileged and confidential and for the sole use of the intended recipient

3. Right renal atrophy.

Dictated by: Kelly Kieper, M.D. on 8/31/2016 at 14:03
Electronically Signed by: Kelly Kieper, M.D. on 8/31/2016 at 14:20

Dictated by: KELLY KIEPER M.D., M.D.

Electronically signed by: KIEPER, KELLY M.D., M.D.
08/31/16 1420

KIEKE/KK
08/31/16 1420 08/31/16 1420

IMAGING REPORT - MEDITOR

NAME: W [REDACTED] PATRICK E MR#: M000057213 Rpt#: 0831-0059
ACCT#: AA0000889643

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date: [REDACTED]

CARD-ASB0347039
0020

Electronically signed by: Black, Brad M.D. on 08/31/2016 at 13:12 AM. This document is privileged and confidential and for the sole use of the intended recipient.

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: W [REDACTED] I. PATRICK E Date: 08/31/16
Patient BD: [REDACTED]/1953 Patient location: LIMAGING Rm #:
Ordering Dr: BLACK, BRAD M.D.

cc:
BLACK, BRAD M.D.

Exam Date and Time: 08/31/2016 13:12
PROCEDURE: CT: CHEST, LOW DOSE

COMPARISON: ST JOHN'S LUTHERAN HOSPITAL, CT, CHEST W/O CONTRAST, 3/29/2012, 13:02. NORTHWEST IMAGING, NUC, PET GENERIC, 1/04/2013, 10:25. Cabinet Peaks Medical Center, CT, CT CHEST W/O, 6/11/2015, 12:49.

INDICATIONS: Lung cancer screening.

TECHNIQUE: CT imaging of the thorax was performed without IV contrast material using low dose technique.

FINDINGS:

Calcified plaque is present within the thoracic aorta and its branch vessels. There are coronary artery calcifications. No pericardial effusion. No enlarged thoracic lymph nodes. No pleural plaque. No pleural effusion or pneumothorax.

No new enlarging pulmonary nodules or masses. There is a predominantly solid 1.1 x 0.9 cm right upper lobe pulmonary nodule image 39/152 which is unchanged in size compared to [REDACTED]/2013. There is an unchanged irregular curvilinear opacity within the superior segment of the right lower lobe which tethers the adjacent interlobar fissure. There is a unchanged 6 mm nodule in the posterior left lower lobe on image 71/52.

The right kidney is atrophic.

No aggressive osseous lesions.

CONCLUSION:

1. No new enlarging pulmonary nodules or masses. Previously demonstrated pulmonary nodules measuring up to 1.1 cm in the right upper lobe are unchanged in size. (Lung-RADS 2)
2. Coronary artery calcifications.

IMAGING REPORT - MEDITOR

NAME: W [REDACTED] I. PATRICK E MR#: M000057213 Rpt#: 0831-0059
ACCT#: AA0000889643

657887

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347038
0019

Jul. 21. 2015 1:59PM SHMC RADIOLOGY

No. 1129 1^P 3/3 of 1

Sacred Heart Medical Center
101 W 8th
Spokane, WA 99202
(509) 474-3131

WE [REDACTED] PATRICK E DOB: [REDACTED] 953 Age at exam: 62 Y, 6 M Sex: M MRN: 60003362530
ACC: 7809459PHS Exam: XR CHEST INSPIRATION OR EXPIRATION ON Org: SHM
07/10/2015 2:29 PM PDT Ex. Sts: F Report Status: Finalized Perf. Resource: SHMXR-1

Signs and Symptoms: Post lung biopsy. Dr. Griffiths to read stat
Visit Pt Loc: WSH IRINTR **Phone:**

Attending: PROVIDER, NO ATTENDING
Requesting: GRIFFITTS, BRADLEY D, MD R1

Diagnostic report text

CHEST X-RAY ONE VIEW EXPIRATION

CLINICAL INFORMATION:
Post lung biopsy.

COMPARISON:
CT 7/10/2015

FINDINGS:
No evidence of pneumothorax. There is ill-defined focal 2.5 cm opacity right upper lung. This corresponds to CT same day.
Surrounding opacity consistent with some focal hemorrhage.

IMPRESSION:
No evidence for pneumothorax following CT-guided lung biopsy. Patchy opacity right upper lung around the nodular opacity consistent with some parenchymal hemorrhage.

Responsible & Contributing Providers
REMEDIOS, PETER A, MD

End of Report for ACC: 7809459PHS

<http://pacs.inlandimaging.com/imagecast/ClinicalExamNotes/CENPrintReport.asp?Activit...> 7/21/2015

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347040

0018

.5:29 SJLH (406)293-0138 The info contained in this fax is privileged and confidential and for the sole use of the intended recipient

Small, stable appearing subpleural focus of presumed scar again seen along the right major fissure.

No finding to suggest asbestos related disease.

Dictated by: Peter E. Humphrey, M.D. on 6/11/2015 at 15:06
Electronically Signed by: Peter E. Humphrey, M.D. on 6/11/2015 at 15:24

Dictated by: PETER E HUMPHREY M.D., M.D.

Electronically signed by: HUMPHREY, PETER E M.D., M.D.
06/11/15 1524

HUMPE/ph
06/11/15 1524 06/11/15 1524

IMAGING REPORT - MEDITOR

NAME: W [REDACTED] PATRICK E MR#: M000057213 Rpt#: 0611-0042
ACCT#: AA0000849648

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347043
0017

Electronically Signed By: Miller, Miles PA 11/02/2017 08:44:21 AM
5129 SJLR (406)293-0138 The info contained in this fax is privileged and confidential and for the sole use of the intended recipient

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: W█████,PATRICK E Date: 06/11/15
Patient BD: █████/1953 Patient location: LIMAGING Rm #:
Ordering Dr: MILLER, MILES PC-A

cc:
MILLER,MILES PA-C

Exam Date and Time: 06/11/2015 12:49

PROCEDURE: CT: CHEST WITHOUT CONTRAST

COMPARISON: ST JOHN'S LUTHERAN HOSPITAL, CT, CHEST W/O CONTRAST,
3/29/2012, 13:02.

INDICATIONS: History of asbestos exposure with dyspnea.

TECHNIQUE: Helical axial images were performed (without contrast)
with multiplanar reconstructions.

FINDINGS:

No mediastinal adenopathy or pericardial effusion. Coronary
calcifications. No lesion in the large central airways.

Mild bilateral apical paraseptal emphysema. The peripheral right upper
lobe pulmonary nodule (3/21) is not significantly changed in greatest
size at 1.2 cm but may be slightly increased in CC dimension and 0.6
cm. This has a somewhat semisolid appearance. Small subpleural focus of
scar again seen along the interlobar fissure at the level of the
superior segment right upper lobe. No new pulmonary nodule. No soft
tissue or calcified pleural plaques or interstitial findings concerning
for asbestos related disease. No pleural effusion.

Visible portion of the upper abdomen shows abnormal but stable
appearance of the right kidney that suggests sequela of a remote
insult. There is compensatory hypertrophy of the left kidney. No
aggressive skeletal lesion.

CONCLUSION:

There may be slight interval increase in CC dimension of the semisolid
appearing right upper lobe pulmonary nodule, which is not significantly
changed in size at 1.2 cm in greatest axial dimension. Given the
semisolid composition continued followup is suggested with surveillance
chest CT in 12 months.

IMAGING REPORT - MEDITOR

NAME: W█████,PATRICK E MR#: M000057213 Rpt#: 0611-0042
ACCT#: AA0000849648

Name: W█████, Patrick

DOB: █████/1953

Date: █

CARD-ASB0347042
0016

E9-27-SLMH-1451-283-038 Miller, Miles P obtained 2017-01-16 10:30 PM privileged and confidential and for the sole use of the intended recipient

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: W [REDACTED] PATRICK E Date: 06/11/15
Patient BD: [REDACTED] 1953 Patient location: LIMAGING Rm #:
Ordering Dr: MILLER, MILES PC-A

CC:
MILLER, MILES PA-C

Exam Date and Time: 06/11/2015 09:24
PROCEDURE: RADIOGRAPH: CHEST, SINGLE VIEW

COMPARISON: Chest x-ray March 2012.

INDICATIONS: History of asbestos exposure.

FINDINGS:
No pleural based thickening or plaquing is noted. No interstitial fibrosis is seen. In the right upper lobe there is a vague faint mass that measures about 1 cm in diameter that has irregular outer margins. This could feasibly represent a pleural based plaque although I cannot exclude a lung parenchymal lesion. The patient should have CT scan for follow-up.

CONCLUSION:
An irregular faint 1 cm mass overlying the right upper lobe could feasibly represent a pleural based plaque or a lung parenchymal tumor. The patient should have a CT scan. This is new from the 2012 film. No changes of asbestosis are noted otherwise.

Dictated by: Stephen Becker, M.D. on 6/11/2015 at 10:01
Transcribed by: PB on 6/11/2015 at 11:26
Electronically Signed by: Stephen Becker, M.D. on 6/15/2015 at 10:24

Dictated by: STEPHEN BECKER , M.D.

Electronically signed by: BECKER, STEPHEN , M.D.
06/15/15 1024

IMAGING REPORT - MEDITOR

NAME: W. PATRICK E MR#: M000057213 Rpt#: 0611-0032
ACCT#: AA0000849648

Name: W Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347041
0015

Feb. 1, 2013 9:12AM
W [REDACTED] PATRICK E [REDACTED] LUCAS HEALTHCENTER KALISPELL MT. MVCC RADIOLOGY PET SCAN REPT., NOTE 01/04/2013 page 2 of 2
No. 6866 P. 3/67

uptake.

PLEURA: Negative. No abnormal FDG uptake in the pleura.

MEDIASTINUM: Normal. No enlarged or hypermetabolic lymph nodes are visualized.

CHEST WALL: Negative.

SPINE: There is no evidence of metabolically active bone tumor.

ABDOMEN AND PELVIS:

GI TRACT: There is normal diffuse FDG activity. No focal area of abnormal or suspicious uptake is seen.

LIVER: Normal heterogeneous uptake. No focal hypermetabolic areas.

BILIARY: Negative.

PANCREAS: Negative.

SPLEEN: Normal heterogeneous uptake.

ADRENAL GLANDS: Normal adrenal glands.

GENITOURINARY: Right renal atrophy.

LYMPH NODES: Negative.

VASCULAR: Negative.

MUSCULOSKELETAL: Negative. No abnormal FDG uptake.

OTHER FINDINGS: No free air or fluid.

CONCLUSION:

1. The pulmonary nodules described above and on the prior CT did not have associated FDG uptake. However, lack of FDG uptake is not definitive of benignity. Followup CT in 6 months or consultation with Interventional radiology regarding percutaneous transthoracic needle biopsy is recommended.
2. No evidence of abnormal FDG uptake within the neck, abdomen, or pelvis.
3. Right renal atrophy.

Dictated by: Mike Hanson, M.D. on 1/04/2013 at 13:02

Electronically Signed by: Mike Hanson, M.D. on 1/04/2013 at 13:02

RADIOLOGY REPORT

NAME: W [REDACTED] PATRICK E

MR#: X000093640

H00000453099

R [REDACTED] PATRICK E (10285) [REDACTED] /1953 - Page 2 of 4

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347031

0014

Feb. 1, 2013 9:11AM
 W [REDACTED] PATRICK E [REDACTED] (SPO) HEALTH CENTER KALISPELL MT. NVCC RADIOLOGY PET SCAN REP. .. NOTE 01/04/2013

No. 6866 P. 2/67
 page 1 of 1 ...

MB 2/6/13

THE IMAGING CENTER & MEDICAL CENTER
 320 Cunnyview Lane
 Kalispell, MT 59901
 (406)751-7533

William Benedetto, M.D.
 Patrick McDonnell, M.D.
 Richard Friedman, M.D.
 D.James Schumacher, M.D.

Hugh Cecil, M.D.
 Anders Engdahl, M.D.
 Frank Gray, M.D.
 Debra Wade, M.D.

Read Vaughan, M.D.
 Nick Cantrell, M.D.
 Michael Hansen, M.D.
 Benjamin Pomerantz, M.D.

Page 1 of 1

REPORT STATUS: Signed

Patient: W [REDACTED] PATRICK E Patient BD: [REDACTED] /1953 Age: 60
 Date: [REDACTED] /13 Ordering Dr: DOCTOR, NON STAFF
 Patient location: H.PET Rm #: [REDACTED] Patient Phone: (406) [REDACTED] MSG
 Rpt#: 0104 0060

CC:
MCHUGH,JAMES W MD

Exam Date and Time: 01/04/2013 10:25

PROCEDURE: PFT GFNFRIC

COMPARISON: ST JOHN'S LUTHERAN HOSPITAL, CT, CHEST W/O CONTRAST,
 3/29/2012, 13:02.

INDICATIONS: Patient with bronchial cancer.

TECHNIQUE: The patient received an intravenous injection of 14.51 mCi 18-FDG. The patient was imaged 90 minutes after injection on a 64 row MDCT PET scanner. Pre-test blood glucose level was 111.

FINDINGS:

NECK:

BRAIN: Normal. Imaged portions of the brain have normal FDG uptake.

SOFT TISSUES: Normal. No enlarged or hypermetabolic lymph nodes. No masses are seen.

BONES: There is no evidence of metabolically active bone tumor.

CHEST:

LUNGS: In the right upper lobe, there is a 1.2 cm semisolid pulmonary nodule with angular margins. In the superior segment of the right lower lobe, there is a 1 cm spiculated subpleural nodule. In the right lower lobe, there is a 1 cm irregular shaped pulmonary nodule. In the posterior peripheral left lower lobe, there is a 6 mm semisolid nodule. On the FDG PET scan, there is no evidence of associated FDG

RADIOLOGY REPORT

NAME: W [REDACTED] PATRICK E

MR#: X0000093640

H00000453098

03/28/12 11:21 SJLH (406)293-0138 The info contained in this fax is privileged and confidential and is for the sole use of the intended recipient. Page

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: W [REDACTED] PATRICK E Date: 03/28/12
Patient BD: [REDACTED] 1953 Patient location: L.IMAGING Rm #:
Ordering Dr: BOLTZ, MICHELLE L FNP

CC:
BOLTZ, MICHELLE L FNP

Mb 3/4/12

FILE DATE: 03/27/2012

PROCEDURE: CHEST/SINGLE VIEW

COMPARISON: No prior films available for comparison

INDICATIONS: ASBESTOS EXPOSURE

FINDINGS: The heart appears normal in size and configuration. The lungs are clear. The bony structures are unremarkable.

CONCLUSION:
NORMAL CHEST.

NO EVIDENCE FOR CARDIOPULMONARY DISEASE.

Dictated by: STEPHEN BECKER , M.D.

File>>

<<Signature on

M.D.

Electronically signed by: BECKER, STEPHEN ,

03/28/12 1113

BECST/PLW
03/28/12 0947 03/28/12 1014

IMAGING REPORT - MEDITOR

NAME: W [REDACTED] PATRICK E MR#: M000057213 ACCT#: AA0000730417
Rpt#: 0328-0015

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347029
0012

16:45:01 Social Security Admin

HelpDesk#:8776974889 Page 3/4

W [REDACTED], PATRICK [REDACTED]
 [REDACTED] 7/1953
 [REDACTED] 5/23/2015

WHOSE Records to be Disclosed		Form Approved GMA RD 1050-0293
NAME (First, Middle, Last, Suffix)		
Patrick Everett W [REDACTED]		
SSN	[REDACTED]	Birthday (mm/dd/yy) [REDACTED] 53

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange);
OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) **including, and not limited to :**
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

TO WHOM The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.
 Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be disclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY! If not signed by subject of disclosure, specify basis for authority to sign
INDIVIDUAL authorizing disclosure Parent of minor Guardian Other personal representative (explain)

SIGN ► Electronically Signed By:
 Patrick Everett W [REDACTED]

(Parent/guardian/personal representative sign here if two signatures required by State law) ►

Date Signed

06/01/15

Street Address

409- [REDACTED]

[REDACTED]

City

LIBBY

State

MT

ZIP

59923

WITNESS I know the person signing this form or am satisfied of this person's identity:

Attested by SSA or Designated State Agency Employee:

SIGN ► D Huerta

Phone Number (or Address)
 888-487-0150 KALISPELL MT 59901-3498

If needed, second witness sign here (e.g., if signed with "X" above)
 SIGN ►

Phone Number (or Address)

888-487-0150 KALISPELL MT 59901-3498

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Page 1 of 2

Name: W [REDACTED], Patrick

DOB: [REDACTED] 1953

Date:

CARD-ASB0347066

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Exhibit 13-64

CARD Newsletter Highlights

CARD History

The Center for Asbestos Related Disease (CARD) is a non-profit community based organization that evolved in response to raised awareness of wide spread asbestos exposure in the Libby area that surfaced in 1999. After the ATSDR (Agency for Toxic Substances and Disease Registry) screenings during 2000 and 2001 identified the high number of lung abnormalities, it became apparent to the community that long-term specialty care needed to be established in Libby.

St. John's Lutheran Hospital and the local medical community realized that the existing medical facilities would not be capable of handling the number of individuals the screenings identified as needing diagnosis and care. With this realization, St. John's Lutheran Hospital, acting County Health Officer Dr. Brad Black, and concerned community members actively created the original Clinic Advisory Committee that resulted in the creation of CARD to address these needs.

In 2000, CARD was established as a department of St. John's Lutheran Hospital to provide diagnosis, treatment and monitoring for those exposed to Libby amphibole asbestos. Soon thereafter, Dr. Alan Whitehouse of Spokane, Washington, a pioneer in identifying and treating patients with Libby amphibole asbestos disease, became a consulting physician to CARD.

Over time it became more evident that the health impacts resulting from the asbestos exposure were not just a one-time event or short-term community issue. It became increasingly apparent that CARD could better serve the community by expanding their mission beyond treatment alone by moving into the realm of research as well. Thus in April 2003, CARD separated from St. John's Lutheran Hospital and became a stand-alone 501 (c) 3 non-profit, community-based organization. This move allowed CARD to expand its mission to include research, and at this time also incorporate outreach and psychosocial services. The Board of Directors and clinic staff realized that the issues facing community members exposed to asbestos were multifaceted impacting nearly all aspects of an individual's and family's life. CARD embraces a holistic approach to patient care while also initiating national research partnerships with agencies and universities to move from Crisis to Cure.

In 2005 CARD moved to its current location, 214 East 3rd Street Libby, Montana. CARD continues to expand its healthcare services, seeing on average 35 new patients a month as well as facilitating long distance screening services for those unable to travel to Libby. In addition, CARD continues to expand its research activities and has worked collaboratively on several projects with prestigious universities and government agencies. In 2008, CARD launched a comprehensive database that will improve delivery of holistic healthcare services while at the same time, will also be golden for research activities aimed at understanding the mechanisms of Libby amphibole asbestos disease. These activities are critical in moving towards new and effective treatments.

Summer 2006: Amphibole Asbestos Disease Recognized by Social Security

Being involved in the world of Libby amphibole asbestos issues, we have all learned that the asbestos related diseases associated with Libby amphibole are different than the asbestos related diseases associated with other types of asbestos. Although we have known this for some time, the rest of the world has often not been aware of the difference. This has presented lots of challenges for many people in situations such as receiving proper medical care or getting disability.

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CARD-SDT 00008



Exhibit 15-1

It is important for all people impacted by amphibole asbestos that the Social Security Administration has now acknowledged the uniqueness of this disease. It now gives validity to this fact around the nation. Social Security would not have been able to make this new ruling if it wasn't for the efforts of Senator Baucus, his staff, and Dr. Black.

What does it mean that the Social Security Administration now recognizes Libby amphibole asbestos disease? A ruling was issued effective May 25, 2006 that will benefit people with Libby amphibole asbestos diseases applying for Social Security Disability benefits. The ruling recognizes that Libby amphibole asbestos diseases are different from chrysotile asbestos diseases. This warrants different criteria in determining if someone is disabled due to their asbestos related disease.

Is the process of applying for Social Security Disability benefits different for people with Libby amphibole asbestos disease? The process of applying for disability benefits has not changed. It is still a challenging process and at times it can take many months or even years to get a final decision. However, with this new ruling, people with Libby amphibole asbestos disease will get a more accurate evaluation of their disability status. The criteria used will now better reflect, the disease they are experiencing as opposed to the criteria previously used.

Is it a special Social Security payment or "cash bonus" for someone who has Libby amphibole asbestos disease? No, it is not a special payment. People must apply for Social Security Disability benefits just like they always have.

How do they decide how much money I get? Social Security decides how much money each individual gets based on how much that individual made in gross wages throughout their working life. Payment amount has nothing to do with what type of disability a person has.

Winter 2007: Defining Libby Asbestos Disease Alan C. Whitehouse, MD CARD Pulmonologist

The CARD Staff has recognized over the last 5-6 years how different Libby amphibole asbestos disease is compared to chrysotile asbestos disease seen in shipyard workers, insulators and Hanford workers. One of the first research projects that we will be doing independently at CARD is to define the disease. This is important because there are aspects of this illness that are quite different and need to be well defined so other physicians throughout the country will be able to recognize this disease. This will be very important since recognition of these differences will lead not only to proper diagnosis and care, but will also be important for planning research projects directed towards therapy and hopefully a cure.

First, the most commonly seen symptom is what is called pleural disease. The pleura is the lining of the inside of the chest cavity, and the lining membrane over the lungs which is extremely thin and stretchy. Libby asbestos seems to most commonly involve the lining and can result in severe inability to expand the lungs. The lining begins to act like an orange peel rather than a balloon. The more common form of asbestosis seen with chrysotile asbestos is scarring and hardening within the lungs themselves. This appears to be less common with Libby asbestos, although it may be seen with some degree of frequency through CT scanning.

Second, it seems as if a majority of our patients have pleurisy. Pleurisy is pain in the chest when breathing and although it has been described with all types of asbestos, it appears to be extremely common with Libby asbestos. It is due to the inflammation of the pleura when two inflamed surfaces rub together.

Third, the rapid progression of this illness is a unique feature that has been seen in a smaller portion of our diagnosed patient population. It almost appears as if there is a sudden step-wise pattern of increase in scarring with a loss of lung function which then stabilizes and settles down and may remain constant for a

considerable period of time. Sometimes this is associated with a pleural effusion which is the medical term for fluid in the chest.

We feel it is important that the medical community, particularly in the Northwest, but also nationwide, become aware of the peculiarities of this illness. We hope to make it easier to recognize for improved care of people and to facilitate the advancement of research into treatments and cures for this particular type of asbestos related disease. This study is sponsored in part by the Centers for Disease Control, Karmanos Cancer Institute, Wayne State University and the Center for Asbestos Related Disease.

Fall 2007: Understanding CARD Funding

There seems to be some confusion around the topic of CARD funding. CARD is NOT associated with WR Grace in any way. CARD is not associated with any health plan or organization at all. CARD is an independent, non-profit organization that is funded by billing for patient services, research dollars, and donations from individuals and foundations. CARD is governed by a local community-based volunteer Board of Directors. As reimbursement for healthcare services continue to decline, contributions to CARD are more important than ever. We rely on the generosity of donors to help continue our services. Donations assist in the purchase of equipment, expansion of services and facility enhancement to meet the needs of families and individuals impacted by asbestos exposure. All donations are tax-deductible.

Summer 2009: Understanding the Healthcare Implications of the Public Health Emergency

On June 17, 2009 a Public Health Emergency (PHE) was declared in Libby, Montana. Many of you may be wondering, what this actually means. Here are the answers to some of the most common questions. What actually is a PHE declaration? It is a designation that recognizes the serious impacts on public health that resulted from the Libby asbestos exposure. This designation is a status that emphasizes the need for further action on all fronts including healthcare. It does not have funding dollars attached to it, but it is a status that opens doors for additional resources to address the community's needs related to the asbestos exposure. Who made the PHE declaration? During her Senate confirmation hearing, EPA Administrator Lisa Jackson committed to Senator Baucus, Tester, and the public-at-large that she would review the situation in Libby. Following her review, she determined that a significant threat to public health existed under Superfund law officially called CERCLA.

Is something different now, compared to 10 years ago when the asbestos exposure was officially recognized? No, nothing has changed or gotten worse. The declaration of the PHE was considered in 2002 but the Administration at that time blocked it from happening. Senator Baucus continued to push the issue for the next 7 years and gained support from Senator Tester when he was elected to the Senate. Lisa Jackson stated in her press release, "This is a tragic public health situation that has not received the recognition it deserves by the federal government for far too long. We're making a long-delayed commitment to the people of Libby and Troy." This is the first time EPA has issued a PHE determination under the Superfund law in its history.

Does this designation mean anything for healthcare? The determination recognizes the serious health impacts and emphasizes the need for healthcare for residents. Senators Baucus and Tester, EPA, and the Department of Health and Human Services have come together to provide a two year grant to Lincoln County for asbestos screening and treatment for asbestos related diseases from the Libby exposure. See the inside article on asbestos healthcare funding for more info.

What does this mean for clean-up and economic revitalization activities in Libby and Troy, and what about other vermiculite sites, and homes containing vermiculite insulation? Since CARD is a healthcare organization,

we have focused on the health related implications of the PHE. For answers on all of these other related topics you can visit the EPA website about the PHE at www.epa.gov/libby/phe.html

Clinic and Services

It is CARD's mission to provide long-term screening, health monitoring, disease diagnosis, specialized asbestos healthcare and counseling to all people impacted by Libby Amphibole Asbestos. In addition, CARD provides outreach, advocacy, disease prevention and research to benefit all people impacted by asbestos.

CARD's primary goal is to provide specialty healthcare and screening to those affected by Libby Amphibole Asbestos. CARD's secondary goal is to stimulate research from around the country to gain further understanding of disease mechanisms, improve early disease and cancer detection and intervention, and develop effective health management strategies in hope of finding answers to improve health outcomes for individuals and communities.

FALL 2009: CARD Screening

Who is eligible for CARD Screening? To be eligible for CDC funded CARD Screening, you must have lived, worked or recreacted in the Libby area, prior to the year 2015, for at least 6 months (and this does not need to be consecutive). It also must have been at least 10 years since your first potential exposure to asbestos in the Libby area. The reason that it must have been at least 10 years ago is because asbestos related diseases have a 10-40 year latency (delay) period before any evidence of disease presents.

How do I get signed up? If you think you meet the eligibility criteria to receive CARD Screening services, simply call CARD or come in to the clinic and fill out a CARD Screening Application. Your eligibility will be verified at that time and you will be scheduled for an appointment.

What does the screening involve? CARD Screening involves collection of information related to your asbestos exposure, current health status and health history. A chest x-ray will be done to look at your lungs. A complete breathing test (pulmonary function test) will be done to see how your lungs are functioning. A CARD screening physician will then evaluate all of your information, and then your case manager will go over the results with you. If you are over the age of 50, a fecal occult blood test will be offered to you to screen for colon cancer as it is considered an asbestos related condition. If the screening physician identifies any suggestive symptoms or suggestive abnormalities on your chest x-ray you will be offered further diagnostic testing. This would include a chest CT scan and a face-to-face visit with the screening physician.

Based on your individual situation, an individual asbestos healthcare plan will be developed for you. This will include any referrals or further healthcare treatment you may need, as well as a plan for when you should next be screened for asbestos related changes and lung cancer. Remember, that asbestos related diseases have a 10-40 year latency period. This means that asbestos related healthcare issues can present many years later, even if you have had previous screenings that were normal. Ongoing asbestos screening is an important part of managing your overall health.

All chest x-rays will be sent out to two B-readers. B-readers are individuals who have been trained to read chest x-rays using a standardized method to identify lung abnormalities related to dust exposure. If you had a chest CT done it will be sent out to an expert CT reader. If the CT reader or 2 B-readers agree that they have identified lung abnormalities related to asbestos exposure, you would be eligible for FLASH (Federal Libby Asbestos Specialty Healthcare) benefits. If the 2 B-readers have different opinion, one yes and one no, then it will be sent to a 3rd B-reader to determine the final outcome. Will the CARD Screening visit cost me anything?

If you have been approved to receive CARD Screening services, then the cost of your screening visit will be paid for by the CDC screening funds for the duration of this grant funded project. It will cover the entire cost of your visit.

If I can't travel to Libby are there any other Libby asbestos screening options? The CDC fund is only available to those who are seen at CARD in Libby. However, there is another plan, called LAMP (Libby Asbestos Medical Plan), which can be used for asbestos screening anywhere in the country

Spring 2010: Long Distance Screening

What does the local and national screening process consist of and what tests are involved? You will complete the following:

- Extensive health and exposure histories
- Single view chest x-ray
- Spirometry breathing test
- Consultation with CARD medical provider
- CT Scan if indicated for a diagnosis, if appropriate
- Education about disease process and management

A first phase colorectal cancer screening is offered for individuals between the ages of 50-75.

If you are diagnosed with an Asbestos Related Disease you will be provided education about asbestos related healthcare benefits. Once an individual is diagnosed, CARD screening does not pay for any further testing or disease management.

Spring 2013: Lung Cancer Screening

CARD is pleased to announce implementation of our free lung cancer screening program. Screening of populations at risk for developing cancer has proven effective for breast, colon and more recently, lung cancer. Numerous trials have confirmed that low dose CT scans of the chest are effective at detecting lung cancer early. Early detection allows for early treatment and improved health outcomes for many patients.

What does the lung cancer screening process consist of and what tests are involved? You will complete the following: a low dose CT scan of the chest at Cabinet Peaks Medical Center, which will be read by both their onsite radiologist and Dr. Black.

If indicated, scans will also be read by a consulting Pulmonologist Participants will receive a phone call from CARD regarding results, and they may be asked to schedule an appointment with Dr. Black. Everyone in the program will also receive a letter stating their results and recommended follow-up. These services will be provided at no charge.

Research: Partners

Fall 2004: The Beginning of Research at CARD

There has been a lot of talk about research in the recent months. "Why would anyone want to do research in Libby and why would anyone want to be researched"? Libby is unique in many ways: The type of asbestos that contaminated the vermiculite in Libby hasn't been studied for its effects on humans. There has never been a community contaminated in the way Libby has been. The vermiculite was shipped to many other places and has been affecting other communities. The many ways people were exposed in Libby is different. The way the disease acts in some people is different. Some of the questions that research could answer: Are

the differences in disease because the fiber is different? Or do the many ways of being exposed make it different? How do genes or immune systems work in asbestos? How much exposure can make people sick? How does smoking make asbestos worse? So why would Libby want to know these answers? The biggest reason is if we find out these answers maybe we can find a treatment or even a cure. If we find out how these fibers work, maybe the next generations in Libby won't have to worry. This will also help us to help many other communities around the country.

So what does research mean? It means that information is gathered and then used to answer questions. Research can be done on cells, genes, and test results. Research can be done on histories of exposure, x-ray results, breathing test results, or by counting up cancers and other diseases that might be related to asbestos exposure. Gathering all this information and analyzing it can find pathways for treatment.

Spring 2006: Developing New Partnerships

On National Asbestos Day (April 1, 2006) the CARD administrative team attended the 2nd annual Asbestos Awareness Conference at Mount Sinai Hospital and School of Medicine. This was an opportunity to meet old and new research partners and other healthcare providers from around the globe who address asbestos healthcare issues.

In addition, Dr. Brad Black, Dr. Alan Whitehouse, and Dr. Aubrey Miller (Senior Toxicologist with EPA) presented on Libby amphibole asbestos exposure and disease, particularly the unique characteristics of the asbestos disease such as rapid progression. The presentation was very well received as those who attended were eager to get involved and further their understanding of Libby amphibole asbestos disease.

Spring 2008: Working with Steve Levin

Steven Levin, MD in Occupational Medicine is making several trips to Libby this spring to work with CARD. He is an Associate Professor at Mt. Sinai School of Medicine and Director of the Selikoff Center of Occupational Medicine which has a long history of addressing asbestos issues in New York.

While in Libby he presented to the local medical staff about asbestos exposure and the health affects he has seen in his clinic population whom are insulators heavily exposed to asbestos. Compared to the health effects he has seen, he notes that Libby's asbestos disease has unique features including its rapid progression, obstructive airway disease component (like asthma), and pleuritic (chest) pain.

Dr. Levin was also a key facilitator in setting up the medical monitoring program for the World Trade Center responders after 9/11. At Libby High he presented to Mr. Reckin's research class about the respiratory problems experienced by the responders who worked so dedicatedly towards saving lives that they did not protect themselves. With all of the dust and debris in the air around the site, they were exposed to high levels of crushed cement and other hazardous materials including Monocote. Monocote was one of the two trade names under which Libby vermiculite was marketed. It was a fire proofing material used to coat all of the steel beams in the construction of the World Trade Center and of course it was heavily contaminated with Libby asbestos.

Dr. Levin's experience in setting up the medical monitoring program and database for the World Trade Center Responders, plus his extensive experience in treating asbestos exposed patients, makes him a great asset to CARD. He has provided a valuable service helping to create the CARD database and will work with us to analyze health data. These are critical steps towards understanding exposure/risk and to facilitate research to find new treatments and a cure.

Fall 2010: Research Partners

Since CARD's early years, we have known how important research focused on Libby amphibole asbestos disease is to those affected in our community and across the nation. Throughout the years we have established many relationships with dedicated and prestigious research partners all focusing on asbestos exposure and how it affects the body as well as individuals and our community. However, our most valuable research partners have always been our patients and the members of this community. CARD patients have continually expressed an enthusiastic willingness to participate in amphibole asbestos health research as each new project comes along.

A short time after CARD opened, we were approached to study the genetic and autoimmune characteristics of people with asbestos related disease. At first only patients were approached, but when a new ARD biomarker study began, it was decided that CARD would host a community-wide blood drive. The 2006 Gift of Hope event was launched with a general invitation to the community to come and participate. We had such an overwhelmingly positive response for that three hour event, there were even folks who waited hours just to participate! The support of the community was amazing and overwhelming. This success led to CARD developing new community-wide strategies that are more efficient, respecting peoples time and extremely valuable contribution to research.

As our patient population has continued to grow and CARD has branched out in the research arena even further, your participation has not dropped off. At this time 94% of CARD patients participate in research! Our research partners are continually impressed with the Libby communities' commitment and dedication to research surrounding amphibole asbestos health issues. It is much more commonplace to see a participation level of 50-60%.

Research always begins with a question. In search of the answer to that question, a research study is born which often leads to more questions and more research as final answers and treatments are pursued. CARD, our many research partners and our community members and patients diligently follow each research trail, certain that if research is promoted that builds our understanding of the physical, behavioral, and emotional health effects related to amphibole asbestos exposure and disease, that new diagnostic procedures, treatments, and even a cure will one day be found!

Fall 2013: Mount Sinai Doctors Join L.E.R.P. Research Team at CARD

Three prominent scientists in the field of asbestos medicine and radiology have joined LERP (Libby Epidemiology Research Program) which studies health effects of Libby Amphibole asbestos exposure. The original principle investigator of the project, Dr. Stephen Levin, passed away in 2012, leaving a strong legacy of expertise in occupational medicine focused on asbestos disease. Taking his place is Dr. Raja Flores the Chief of Thoracic Surgery at The Mount Sinai Medical Center in New York City. Dr. Flores is renowned for his pioneering efforts in the treatment of lung cancer and mesothelioma and has been ranked in the top 1% in his field by U.S. News & World Report. Dr. Flores has dedicated himself to our local Montana community by serving as a leader amongst medical scientists working to advance understanding of the health effects related to Libby Amphibole asbestos. Dr. Flores is joined by his Mount Sinai School of Medicine colleagues Dr. Claudia Henschke and Dr. David Yenkelevitz, both professors of radiology who have extensive expertise in lung imaging. Dr.'s Henschke and Yenkelevitz are well known for their international lung cancer screening study that has revolutionized the approach to early lung cancer detection. Combining the expertise of these notable physicians and radiologists will be instrumental in advancing the science of LERP through collaboration with the CARD team.

Winter 2015: New Research Partners Down Under

Dr. Black was recently invited to Perth, Australia. He was asked to be the key note speaker and additionally gave a second presentation at the Perth Mesothelioma Group Annual Scientific Meeting. While in Australia he also presented to the Thoracic Society of Australia and New Zealand (TSANZ) and at Curtin University. Many members of the Thoracic Society of Australia and New Zealand had interest in Libby stemming from their experience of following a large worker/community population exposed to another type of amphibole asbestos, crocidolite, also known as blue asbestos. The area around Wittenoom was mainly farming until the 1930s when mining began in the area. By 1939, major mining had begun in Yampire Gorge, which was then closed in 1943 when mining began in Wittenoom Gorge. In 1947 a company town was built. During the 1950s and early 1960s Wittenoom was Australia's only supplier of blue asbestos. The mining was shut down in 1966 due to growing health concerns from asbestos mining in the area. In 1978, the State Government began phasing down the town site and encouraging residents to relocate because of concerns over health risks from the presence of airborne asbestos fibers. Dr. Black spent several days in research meetings with doctors who are interested in collaborative work to gain a better understanding of why these two fibers, that are similar in structure, appear to cause different patterns of disease.

CARD follows over 7,000 individuals exposed to Libby Amphibole and our primary mission continues to be providing free asbestos health and lung cancer screening as well as ongoing care for those affected. CARD's mission also includes research which is focused on better understanding, developing new treatments and preventing Libby amphibole asbestos disease. Black states "This is a unique opportunity for CARD to better understand Libby Amphibole by comparing it to another type of amphibole asbestos for the first time. We may be able to deduce why the pattern of disease seen with Libby Amphibole is different than what they traditionally see in their population. This could eventually lead to better treatments through a more in depth understanding of the biological mechanisms causing our unique disease pattern."

CARD serves as the liaison between the Libby community and many researchers interested in Libby Amphibole health effects. CARD promotes partnerships that offer valuable research which could benefit patients while also protecting the interest of community members.

Research Projects

Fall 2005: MARF RESEARCH

The newest research project is ready for your help. This two year study is funded by MARF (Mesothelioma Applied Research Foundation) to standardize a newly released test for the detection of mesothelioma. Mesothelioma is a malignant tumor that aggressively invades the linings of the lungs or abdomen. Elevated levels of a protein (SMRP) appears to be closely tied to the presence of mesothelioma. This project will be using the blood and urine samples from the community, including healthy residents without asbestos exposure, to identify the levels of SMRP. The study in Libby will allow researchers to standardize the normal levels. A test for the presence of SMRP has been available in Australia since 2004 and in Europe since spring of 2005.

Summer 2006: ATSDR Contract

CARD has been awarded a contract from the Agency for Toxic Substances and Disease Registry (ATSDR) entitled Comparison of Direct-Digital and Film Screen Chest Radiographs With Regard to Detecting and Classifying Asbestos-Related Pleural Abnormalities. This project will help to determine if digital x-rays provide the same quality as hard copy films for diagnosing abnormalities in the pleural lining (the lining around the

lungs). This project could potentially change the standard of practice currently used to identify asbestos related diseases.

Dr. Black and Dr. Whitehouse will determine which people are good candidates to participate in the study. The individual's involved must have a high resolution CT scan within 12 months and a specific presentation of asbestos related disease. It is estimated that this study will be occurring over the next 18 months. The study will look at over two hundred cases where diagnosis of an asbestos related disease is difficult to make. Because of the subtle presentation of some people's disease, their x-rays will be an excellent case for review as it will help determine if digital or hard copy x-rays are best suited for diagnosing. Currently CT is recognized as the "gold standard" for identifying asbestos related diseases. CARD is very excited to partner with ATSDR in this important project.

Winter 2006: Karmanos Study

Discussion group participants needed for a research project to better understand issues related to asbestos exposure. You will participate in a small group discussion only. You will not be asked to provide blood or other biological samples.

Spring 2008: CARD Database Goes LIVE May 5th

So you may be wondering, what does it mean now that the CARD database has gone live? What it means is your next visit will be a little bit different. It is important to remember that healthcare will always be the number one priority at CARD. A lot of your health information will now be collected and managed electronically, but this does not mean that it is automatically part of the research database. At the time of your healthcare visit you will be informed about the research activities and you will have the option of giving informed consent to be a part of research. Informed consent serves as a wall dividing your electronic health information from the research database and it is only through your informed consent that your de-identified health "data" will be pushed through the wall to be used for research activities.

Regardless if you participate in research or not, there will be some changes to your annual CARD visit (not sick visits) now that we have gone live with electronic health information collection and the research database. For your first visit after we go LIVE, you will need to plan about two hours because extensive health and exposure histories will be taken. We will send you a preadmission packet of forms to serve as the framework and we will help you with any you were unable to complete. Future visits will be a lot quicker because after the baseline information has been collected. We will just update your health history and symptom changes each year, if any. The flow of your visit may also be different. You will still see the same people, (doctor, nurse, respiratory therapist) but the order you see them in might be different. You will also be given the opportunity to participate in research either by consenting to have your health information included in the database or by donating blood. The choice is yours! Please be patient as we iron out the kinks in providing improved asbestos healthcare while also building the database that will help us translate healthcare into research to find new and improved treatments.

Winter 2008: Voices of Libby Project

In mid February, The Voices of Libby Project will begin! This is a community-wide research survey that is being conducted by Karmanos Cancer Institute in partnership with CARD and the Lincoln County Campus of Flathead Valley Community College. The survey concerns important health, economic, and social issues and the many ways in which the Libby community and its residents have been affected by asbestos related issues. The study is important to understand community issues and to learn how best community organizations can communicate with and provide support to the Libby community.

Many of you probably remember Karmanos Cancer Institute who did a focus group project in Libby in the spring of 2006. Many types of community members participated and they learned there are many different views about different aspects of the asbestos issues in Libby. However, we do not know what views are most common or what influences how people react to asbestos issues in terms of their own beliefs and behaviors. That is why this survey project is important.

1100 randomly selected households in the Libby community and 100 randomly selected patients from CARD will receive the survey. Only patients who agreed to be contacted for future research as part of the all-inclusive consent could be selected for CARD's random sample. However, another possibility is that you may be a patient who just happened to be selected for the community wide random sample. Regardless of how you were chosen, we hope you will take the time to complete the survey. We realize the questionnaire is pretty long, but that is why Karmanos is offering an incentive. If you complete and return the survey you will be eligible to win 1 of 50 prizes ranging from \$40 to \$100 in Rosauers gift cards.

In addition, by completing the survey you will be helping your community. Responses to the survey will help us better understand Libby community members' knowledge, attitudes, and behaviors, related to asbestos issues. This will serve as a potential basis for future education, appropriate responses, and healing in the community.

Winter 2009: Montana State University, College of Nursing Reports Research Results

Many of you may remember that CARD staff and patients partnered with researchers from MSU's College of Nursing in the Libby Asbestos Health Status Study. They came to Libby in November of 2008 and presented their research findings to the community. In case you were unable to attend this wonderful event, we thought we would give you a summary.

Five-hundred and twenty-four (524) CARD patients participated in the study by completing a paper/pencil or electronic survey using a touch screen computer between February and October of 2007. Of the sample (group of people who participated), 69% lived in Lincoln County and 31% lived in another county in Montana or out of state; 54% were men and 46% were women; the average age of respondents was 59, and 64% were married. The purpose of the project was to establish a better understanding of the physical, psychological, and social health status, as well as health service needs, of people exposed to Libby asbestos. The aims of the project were (1) evaluate access, availability, and financial aspects of healthcare, (2) describe the health status of persons exposed to Libby asbestos through an examination of the patient's severity of chronic illness, depression, acceptance of illness, and stress, and (3) explore the relationships between all of these factors in people exposed to Libby asbestos.

It is important to remember that conclusions are drawn from trends seen in the data collected. The conclusions from one study should not be considered absolute black and white answers; rather they are shades of gray. (1) Regarding satisfaction with access and financial aspects of care, distant and local CARD patients recorded similar answers to the survey questions, but together they were significantly less satisfied than other groups of chronically ill adults. (2) CARD patients also have more respiratory health effects and complications than the general populations and some persons with COPD. (3) One third of the participants reported depressive symptoms, and patients experiencing a period of disease progression have greater respiratory health impacts and depression. (4) During disease progression, there is also some evidence that acceptance of illness was less and stress was higher.

All of these findings suggest that disease progression (when symptoms are changing), not severity of disease alone, should be considered in providing a patient healthcare. Patients with disease progression appear to be in greater need of support to manage their health status.

These kinds of research activities help us determine how we can improve care for patients and what other important research questions need to be looked at next. Without participation from all of you these important things could not be understood. Thank you to all who participated!

Summer 2010: LERP PROJECT

This research project involves three aims. LERP first focuses on the risks of exposures during childhood, aimed at identifying a safe level of exposure to Libby Amphibole Asbestos (LAA) that will not pose a public health risk to residents, and most particularly, children. The second aim involves developing a scoring method to address the progression of lung scarring as seen on CT scans of the Libby asbestos-related disease population. The overarching goal is to establish a basis for discovering the mechanism for asbestos-related scarring and identify approaches to prevent scarring formation after exposure has occurred. Third, the research team will look at autoimmune causative factors that allow the body to develop disease. Normally, the body's immune system protects it from disease and infection. But with an autoimmune disease, the immune system attacks healthy cells in the body by mistake. The third aim in this research is to search for correlations between the autoimmune systems of patients and the rate at which autoimmune disorders and autoimmune blood markers (predictors of disease found in the blood) occur in the Libby population. These occurrences are then compared to the number of LAA-related diseases which occur in the same Libby patient population, per their degree of exposure and the level of their disease development.

Libby Epidemiology Research Project (LERP) involves a three-year recruitment of participants within a five year plan of study completion. Year one is already complete, with development of protocols and ethics approval from Mount Sinai's Institutional Review Board. Study participants will have some background as youngsters having grown up in Libby, then left - never to work or live in Libby again. The goal is to enlist 200 study participants in LERP. LERP recruitment involves investigating the health of those who grew up in Libby between 1950 and 1999, but who left and never worked or lived in the area again. These participants might have increasing symptoms such as asthma, or may have developed autoimmune diseases and cancers. autoimmune diseases recurrently being tracked among existing CARD patients. CARD staff and Board members collected names from local schools for follow up to request their participation in the LERP study. The "scoring" of CT scans according to disease progression will be done with consenting eligible participants' pre-existing health records.

Spring 2016: Autoimmune Research at CARD

As many of you know, CARD has been working on an autoimmune research project for the last five years. We've come a long way and learned some valuable information. The Libby Epidemiology Research Program (LERP) study just ended in September of 2015. We are still evaluating all of the data collected but we can share some preliminary results. Over 950 CARD patients donated their blood for this project! So first, we want to say THANK YOU and here is what we know so far:

People exposed to Libby Amphibole Asbestos (LAA) are significantly more likely to have a positive Antinuclear Autoantibody (ANA) test than people not exposed to LAA. ANA is a blood test used to evaluate a person for autoimmune disorders. A positive ANA test increases risk of systemic autoimmune diseases such as lupus, scleroderma and rheumatoid arthritis.

In addition to ANA, there is evidence that LAA exposure increases the risk of developing other autoantibodies that may worsen pleural (lining of the lung) scarring. It is our hope that eventually we can find a way to stop those autoantibodies from contributing to progression of disease.

LAA exposure can be associated with a set of symptoms such as fatigue, rashes, muscle aches, and joint aches. People experiencing these symptoms may not have a specific autoimmune disease but legitimate symptoms that have been linked to LAA exposure. Based on self-reported autoimmune diagnoses, there may be as much as a 10-fold increase in risk for lupus, scleroderma, and rheumatoid arthritis in people exposed to LAA. It is important to remember that these remain very rare diseases even in Libby and that the data does not indicate that everyone exposed to LAA will get one of these diseases. Based on the information that we've learned so far, CARD is now working on verifying autoimmune disease diagnoses and symptoms for our patients exposed to LAA. This will allow us to better understand whether LAA exposure presents mostly as specific autoimmune diseases or as non-specific symptoms as described above. Understanding this will allow us to figure out how many people fall into these two categories and whether or not both categories have an equally high incidence of positive ANA tests.

In addition, the research will target improved surveillance for and management of the non-specific symptoms prevalent with LAA exposure.

Spring/Summer 2017: Research at CARD

The Center for Asbestos Related Disease (CARD) would like to thank the Libby community for your commitment to supporting asbestos health research activities so new treatments and hopefully a cure can one day be found. To date, over 6,500 CARD patients have agreed to participate in research to further advance medical knowledge and help improve the lives of others exposed to Libby amphibole (LA)!CARD serves as the liaison between the Libby community and academic researchers. Our partnerships with universities allow valuable research to be accomplished in a coordinated way that is efficient and protects the interest of our patients and community.

Past research has led to: improved screening techniques by using advancing technologies, improved early detection of asbestos related lung diseases, better understanding of unique respiratory health effects, the discovery and validation of increased autoimmune problems in the LA exposed population, better understanding of the psychosocial effects associated with exposure such as community social support dynamics, help guiding community clean-up decisions, and impacts on public policy to best protect public health.

Although we have accomplished great things, many questions about LA exposure remain. Currently CARD is working with two different universities to understand biomarkers that may indicate asbestos exposure or LA disease progression. The project looking for biomarkers of exposure is being done in collaboration with a University of Pennsylvania group that works with another asbestos superfund site located in Ambler, Pennsylvania. This study will examine the blood of Libby vermiculite workers to identify possible biomarkers of exposure to LA. The study will compare biomarkers found in our population to those exposed to chrysotile asbestos at Ambler, PA. Ultimately, we hope to develop blood tests that could be used to screen potentially exposed populations in the future and feasibly predict risk of disease development. The other new research project is with CARD's longtime research partner, Dr. Jean Pfau, of Montana State University. This study will also examine blood, but with the goal of identifying biomarkers of disease progression. We know that some people experience progressive deteriorating lung disease and others do not. We hope to identify makers that could predict progression which could lead to development of treatments to prevent it.

If you have agreed to participate in research in the past and fit the recruitment criteria for one of these studies, you may receive a recruitment letter or phone call from CARD in the next few months asking if you would be interested in participating in one of these studies.

These biomarkers studies look at development of new screening tools and improved treatments for the future. If you are concerned about your exposure to LA right now, you can be screened right away. Asbestos health screening is free for eligible individuals because of grant funding from CDC/ATSDR.

Outreach and Education

CARD staff travels to many conventions, seminars and events to help educate about LA and its effects. CARD hosts the Annual Rally each fall in the community. Our staff is involved in a plethora of organizations where we are asked to attend and speak on the topic of LA and its effects both medically and socially. One organization that we work closely with is ADAO...the Asbestos Disease Awareness Organization, more information below on ADAO.

Summer 2009: The Asbestos Disease Awareness Organization Thanks Libby

On behalf of the Asbestos Disease Awareness Organization (ADAO), we would like to thank the Center of Asbestos Related Disease Clinic (CARD) Board and Staff for hosting the community picnic on July 11, 2009. We enjoyed the delicious BBQ and potluck, warm hospitality, and great conversations that confirmed a reassuring message for all victims that resonated hope, importance of community, and the excellent care given by CARD. The CARD spirit and commitment to ban asbestos, fund new treatments, and research for a cure was clearly heard and felt. You have touched our ADAO family and we are pleased to announce that we will launch a campaign to raise \$10,500 to purchase your third Thermo Ultra Zero Freezer for your CARD clinic. During our tour, Dr. Black, Kimberly and Tanis mentioned you have reached full capacity with your two other freezers used for tissue specimen storage and ADAO believes your research efforts not only benefit Libby, but the United States. Check back at www.adao.us for our official launch. You are ALL warmly invited to attend our Annual International Asbestos Awareness Day Conference held April 9 - 11, 2010 in Chicago, Illinois where the CARD Clinic will be receiving the ADAO Tribute of Unity award. Your CARD Clinic is recognized as a center of excellence in screening, surveillance, treatment, research and psychosocial programs for asbestos-related disease. You have narrowed the bridge of despair and united patients and medical communities around the world. With Gratitude and Respect- Linda Reinstein ADAO Co-Founder and Executive Director

Spring 2010 : CARD is Honored with UNITY AWARD from ADAO

CARD was honored with the 2010 Tribute of Unity Award by the Asbestos Disease Awareness Organization (ADAO) at the Sixth Annual International Asbestos Awareness Conference held April 9 through 11 in Chicago. CARD was recognized for its work, not only in the community of Libby and the surrounding area, but also for working with patients, asbestos medical providers, and asbestos health researchers across the United States and internationally. Dr. Black, his staff and CARD's Board of Directors were especially honored for the clinic's provision of leadership in organizing research, patient and community education, and providing psychosocial services for those individuals and families in need. CARD is renowned for its unified approach to treatment, and for the education of the national asbestos community as there are advances in understanding disease development, diagnosis and treatment options.

CARD currently has approximately 3,000 patients, with 20 to 25 new patients per month. The clinic estimates that new patients will continue to register through 2030, as an estimated 80,000 people were exposed to asbestos in the Libby area between 1920 and 1990. In addition, asbestos exposure from shipments, the processing and commercial use of Libby amphibole asbestos, and the use of many other types of asbestos in the United States has created a nationwide health concern.

Dr. Brad Black, CARD Medical Director, Kimberly Rowse, CARD Clinical Coordinator, and Tanis Hernandez, CARD Outreach Coordinator accepted the award on behalf of the entire CARD team, as they were also asked to present at the conference. The Tribute of Unity Award was presented by Dr. Richard Lemen, co-chair of ADAO's Science Advisory Committee. Dr. Lemen has recently been appointed by President Obama to the Presidential Advisory Board on Radiation and Worker Health, and is a former Assistant Surgeon General of the United States. In his role as Lincoln County Health Officer, Dr. Black became dedicated to developing the healthcare infrastructure necessary for asbestos-related disease healthcare, which included the planning and implementation of the original EPA/ATSDR screening program, and the development of CARD.

Fall 2010: 1st Annual CARD Rally

CARD and you, our patients, are very committed to supporting asbestos health research activities focused on Libby amphibole asbestos disease so new treatments and a cure can be found. CARD has always tried to act as the link between the Libby community and our research partners. "CARD Research is a Community Project" and we hope that all types of community members realize the important role they play in supporting asbestos health research activities. Research is one of the most exciting things happening at CARD today, and we want to share that with our community, that is why we are planning our First Annual Research Rally! This exciting event will be held on September 16, 2010 from 4-7 pm at the Memorial Center, and don't expect a dry, boring series of presentations! We have an exciting, thought provoking, fun filled evening for all ages planned. This is a family friendly event that will encourage children and adults alike to participate in educational games and learning activities that will educate participants about CARD and scientific research projects currently happening in Libby. Each of our Research Partners will be represented at the Rally and will be presenting their research to you from their own project booth, as well as making dedicated presentations regarding their specific projects. This will be a great time for community members to interact with the research teams, encouraging understanding and camaraderie from the researchers. There will be games and prizes for all, fun learning booths, and opportunities to speak with researchers one on one, not to mention the FREE popcorn, balloons, hot dogs, snow cones & cotton candy! Themes have included: Research, LERP Project, Smoking Cessation, Knowledge is Power, Asbestos and Respiratory System, Asbestos and your lungs.

Fall 2012: Libby Legacy Project Beginning Wednesday, September 12, the Libby Legacy Project will be offering a free series of lectures about the history and ramifications of vermiculite mining and asbestos contamination in Lincoln County. The goal of the Libby Legacy Project, a volunteer community group, is to aid the Lincoln County community in understanding and embracing the difficult legacy of our local mining history. This course is also designed to help teachers incorporate aspects of the Libby story into everyday classroom learning. Topics of the lectures will be delivered by a variety of expert speakers

Foundation

Summer 2008: CARD Foundation Established

As healthcare costs continue to rise and reimbursement rates continue to decline, the CARD Board of Directors recognized the need to create a mechanism for raising ongoing funds to support CARD. Thus, in early 2008, the CARD Foundation was created to meet these needs. A completely separate entity from CARD, the Foundation's mission is "to seek sources of funding to support the goals of the Center for Asbestos Related Disease." The Foundation accepts gifts on behalf of CARD and works to fund both present and future needs of the clinic.

The CARD Foundation Board is comprised of 5 dedicated volunteer leaders who work closely with CARD staff to secure much needed resources for CARD to continue providing top notch healthcare and cutting edge

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CARD-SDT 00021

Exhibit 15-14

research for people who have been exposed to Libby Amphibole Asbestos. The CARD Foundation Board has been working hard to recruit board members, fill out required IRS paperwork, and establish a long term strategic plan for the CARD Foundation. Current board members are: Dave Stephenson, CJ Johnson, Kristina France, Melissa Leonard, and Teri Noble.

Whether you have made a contribution to CARD in the past, or would like to become a donor to the CARD Foundation, we appreciate and gratefully acknowledge your contributions. We invite you to join us in supporting CARD in providing healthcare, outreach and research for people affected by asbestos related diseases. Contributions of any size are accepted and are tax-deductible, with all donated funds benefiting CARD.

Summer 2010: Big Sky Bash is Born

Annual concert put on by the Foundation. 2017 marks the 7th year. Bands have included: 1. Nitty Gritty Dirt Band, 2. Sawyer Brown, 3. Night Ranger, 4. Diamond Rio, 5. Three Dog Night, 6. John Michael Montgomery and 7. JT Hodges.

Sept 2016: CARD Foundation Receives Donation

The CARD Foundation recently received a \$10,000.00 donation from Simmons Hanley Conroy, A National Law Firm based in Illinois. They are dedicated to their clients, employees and communities who have been affected by asbestos related diseases. Simmons Hanley Conroy make it a priority to give back to the people and communities they represent and are one of the nation's leading contributors to mesothelioma cancer research. This was their second \$10,000.00 donation.

Timeline of Asbestos Health Topics and CARD

1983	Marysville, OH Scotts Plant (Dr. Lockey)
Mid-1990's	Dr. Whitehouse pulmonologist in Spokane, realizes this may be a community environmental exposure issue
1999	Investigation of Libby, Montana asbestos exposure begins
2000, 2001	ATSDR Initial Screening begins
2003	Screening and new diagnosis continues (what does screening involve, latency, disease diagnosis, radiology, pulmonary functioning, etc.)
2003	Libby amphibole asbestos research is important as LAA disease is different than chrysotile presentation (difficult recognition, pleural instead of interstitial predominance, thin diffuse non-calcified appearance, progression, pain)
2005	Research begins, looking at auto-antibodies and biomarkers
2006	Research expands: psychosocial, behavioral, disease management
2006	LAA disease recognized by Social Security Disability
2008	Database and bio-specimen banking begins
2008	CARD Foundation established
2009	Public Health Emergency Declared
2009	Federal funding: grants for screening and healthcare
2009	Large research grants secured: LERP: Libby Epidemiology Research Project (highschool grads, auto-immune, and CT progression/scoring) and CHIEFS: Childhood Health Investigation and Exposure Follow-up Study (following up 10 years later after initial screening in 2000/2001 and under the age 17 at time of initial screening)
2010	Affordable Care Act Legislation passed with the provision for Public Health Emergencies, the "Libby Provision" Provides access to Medicare
2011	Medicare launches Medicare Pilot Program for Asbestos Related Disease
2011	Research Symposium in Libby, Montana
2012	CARD implements Long Distance Screening Program
2012	2nd Libby Amphibole Asbestos Symposium in Libby, MT
2012	Libby Legacy Project
2013	Lung Cancer Screening Program
2013	Mt. Sinai Doctors Join LERP research team at CARD
2014	3rd Libby Amphibole Asbestos Symposium in Libby, MT
2015	Federal Grant Funds secured for another 4 years for screening programs at CARD

16

CARD-SDT 00023

Exhibit 15-16



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

Page 1 of 3

Date of Visit: 1/5/12

S [REDACTED] Terry DOB: [REDACTED]/[REDACTED]/66

HPI/ROS:

CC: History of Libby amphibole asbestos exposure, self-referred for initial screening
PULM: Progressive dyspnea on exertion. The patient has trouble with inclines such as stairs, however he is also short of breath at rest. His wife notes a wheeze while he is just sitting watching TV. Over the past 2 years he has an increasing frequency of cough throughout the day, this is worse at night. It is usually productive of a thick white sputum. Approximately 2 times a year he gets bronchial infections requiring antibiotics, which did not seem to be helpful. Increasing frequency of pleuritic chest pain. He gets sharp stabbing chest pain in the bilateral lower lateral chest, which wakes him up at night "I'd jump out of bed and scream". This now occurs daily and lasts from a few seconds to a few minutes. "It hurts so bad I can't move, I can't breathe". He describes the pain like a knife, and like a charley horse. It is not precipitated by exertion. The patient is a heavy equipment operator, and he often has to pull over in order to catch his breath, cough up phlegm, or walk around to relieve pain. He also has a recurring tightness in his anterior central chest that increases with cough. He currently has a prescription for hydrocodone through his primary care provider, although he rarely uses this. "I don't like to take medicine and hydrocodone made me sleepy."

CARDIO: Per above, he has never had cardiac evaluation, significant family history with mother having an MI in her 50s although they question whether this was medication related.

CON/FUNCTION: The patient is increasingly fatigued, his wife notes that his mood has changed and that he drinks alcohol to self medicate his chronic pain.

All other ROS negative, including: Musculoskeletal/Immune/GI/Lymphatic/Neuro/Skin

Occupational/Exposure/Tobacco/Social Hx:

Lived in Troy 1967 to current. He lived directly across from the railroad tracks, playing on the actual tracks throughout his childhood daily. He used to put a bicycle ramp over the tracks, and his favorite swimming hole was near the train trestle. His house was persistently dusty, and was also insulated with vermiculite. He remembers seeing it fall out of light fixtures when he would bounce a basketball against the wall. He played baseball in the downtown Troy ball fields. His father worked at the lumber mill and died of lung cancer. Patient worked as a logger and heavy equipment mechanic, currently working as a heavy equipment operator for the County. He is married and lives in Troy. Lifelong nonsmoker, 6 people smoked in his home until he was 17 years old

Family Hx:

Father with lung cancer, mother with heart disease, questionable MI at age 50

PHH:

PCP: Dr. puffer and simply

1

CARD-ASB0274407

0001



Exhibit 16-1



214 East 3rd Street Libby, Montana 59923 (406)293-9274 Fax:(406)293-9280

Page 2 of 3

Date of Visit: 1/5/12

S [REDACTED], Terry DOB: [REDACTED]/66

Medical Illnesses/Status: GERD-well-controlled omeprazole, hypothyroidism

Medications reviewed with patient, on chart. Respiratory Meds: None

Surgeries: None

Injuries/Accidents: No history of chest trauma

Allergies: None

Screenings/Imms: Up-to-date

Drugs/Alcohol: Binge drinking, with more than 12 drinks per occasion approximately 2 times per month. Cage positive. His wife is with him today and they are working together to increase healthier coping mechanisms. They're currently considering therapy

Weight: Increased by 60 pounds in the past year

Physical Activity: No regular

Objective:

VITALS: 120/80, heart rate 69, SpO2 95% on room air, weight 324 pounds, BMI 41.6

SPIROMETRY: Restrictive. FVC 74% FEV1 81% ratio 85

XRAY: Negative for asbestos related disease

Reviewed prior studies from: None

HRCT: Per Dr.Black, diffuse noncalcified pleural thickening in the right posterior base

GEN: Well-groomed, cooperative

LUNG: anterior and posterior lung sounds clear to auscultation throughout

CHEST: AP diameter normal with full expansion, symmetrical excursion bilaterally.

Tactile fremitus normal bilaterally, egophony normal bilaterally. Uniform resonance to percussion. No use of accessory muscles, pursed lipped breathing or nasal flaring.

CARDIO: HRR, S1S2 Normal, no murmurs or extra heart sounds, no extremity edema, no clubbing or cyanosis noted.

ENT: PERRLA, conjunctiva and sclera without injection. Lips w/out cyanosis.

Oropharynx w/out cobblestoning or drainage, buccal mucosa moist and pink, no lesions seen or palpated on tongue or oral mucosa, tonsils not enlarged. Teeth w/out obvious decay. Nose straight w/out masses, patent bilaterally, nasal mucosa pink w/out discharge, turbinates not engorged.

NECK: Supple w/ full ROM, trachea midline, no palpable cervical, supraclavicular, or axillary lymph nodes. No abnormal neck vein distension. No thyroid nodules or enlargement noted. SKIN: No rashes or lesions noted, skin smooth and hydrated.

M/S: Good posture, no kyphosis noted. Wrists and hands without joint edema or erythema. No clubbing of nails. Stable steady gait without assistance.

NEURO: CN II-IX grossly intact, oriented to person, place, and time.

GI: Abdomen soft, n/t. No hepatosplenomegaly or masses noted.



214 East 3rd Street Libby, Montana 59923 (406)293-9274 Fax:(406)293-9280

Page 3 of 3

Date of Visit: 1/5/12

S [REDACTED] Terry DOB: [REDACTED]/66

Assessment: #1 asbestos related pleural disease #2 chronic pain #3 episodic alcohol abuse

Plan:

Patient Education: ARD- Anatomy & Physiology, Complications, Disease Process, Follow-up, Home Management, Lifestyle Adaptations, Testing,- Good understanding 40 minutes spent with patient with greater than 15 minutes counseling and pt. education. Specifically patient is going to increase physical activity once his pain is better managed. His wife is a strong support system, and she plans to help with this. The patient states he is quite motivated for weight loss. The patient also identifies his alcohol use as prohibitive to his health and goals. We talked about chronic depression accompanying chronic pain and counseling as well as pharmaceutical treatment options. Patient is considering pursuing counseling

Pharmacologic: Trial of MS Contin 15 mg b.i.d. and tramadol 50 mg one tablet q.6 hours p.r.n. Explicit instructions were given not to use narcotic medication while operating heavy equipment until the effects on his body are well understood. Also gave explicit instructions that side effects of combining alcohol use with narcotics may result in cardiopulmonary arrest.

ARD Referrals: Benefits counseling

Other Referrals: Recommend cardiology evaluation

Follow up: Next appointment in one month to review pain management

Michelle Boltz, FNP-C

Michelle Boltz, NP-C, APRN

01/06/12 08:26 SJLH (406)293-0138 The info contained in this fax is privileged and confidential and is intended for the sole use of the intended recipient. Page

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: S [REDACTED], TERRY L Date: 01/05/12
Patient BD: [REDACTED]/1966 Patient location: L. IMAGING Rm #:
Ordering Dr: BOLTZ, MICHELLE L FNP

CC:
BOLTZ, MICHELLE L FNP

MB 1/9/12

FILE DATE: 01/05/2012

PROCEDURE: CT SCAN OF THE CHEST WITHOUT CONTRAST

COMPARISON: NO PRIOR CT SCANS AVAILABLE FOR COMPARISON

INDICATIONS: HISTORY OF ASBESTOS EXPOSURE WITH DYSPNEA

FINDINGS: The chest x-ray from 1/5/2012 is normal. No pleural based thickening or plaquing is noted. No calcification in the pleura and no pleural fluid. The lungs are clear. No interstitial fibrosis. The heart is normal in size, there is no pericardial effusion. The mediastinal lymph nodes are nonspecific. The upper abdomen that is imaged is unremarkable.

CONCLUSION:

NORMAL CT SCAN.

Dictated by: STEPHEN BECKER, M.D.

File>>

M.D.

<<Signature on

Electronically signed by: BECKER, STEPHEN,

01/06/12 0821

1/12

BECST/PLW
01/05/12 1109 01/06/12 0727

IMAGING REPORT - MEDITOR

NAME: S [REDACTED], TERRY L MR#: M000023222 ACCT#: AA0000721967
Rpt#: 0106-0003

CARD-ASB0274438
0004

Exhibit 16-4

01/05/12 11:24 SCLH (406)293-0138 The info contained in this fax is privileged and confidential and is intended for the sole use of the intended recipient. Page

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: S [REDACTED], TERRY L Date: 01/05/12
Patient BD: [REDACTED] 2/1966 Patient location: L. IMAGING Rm #:
Ordering Dr: BOLTZ, MICHELLE L FNP

CC:
BOLTZ, MICHELLE L FNP

PLW 1/5/12

FILE DATE: 01/05/2012

PROCEDURE: CHEST/SINGLE VIEW

COMPARISON: NO PRIOR FILMS AVAILABLE FOR COMPARISON

INDICATIONS: HISTORY OF ASBESTOS EXPOSURE

FINDINGS: The heart appears normal in size and configuration. The lungs are clear. The bony structures are unremarkable.

CONCLUSION:
NORMAL CHEST.

NO EVIDENCE FOR CARDIOPULMONARY DISEASE.

Dictated by: STEPHEN BECKER , M.D.

<<Signature on

File>>

M.D.

Electronically signed by: BECKER, STEPHEN ,

01/05/12 1119



BECST/PLW
01/05/12 0951 01/05/12 1055

IMAGING REPORT - MEDITOR

NAME: S [REDACTED], TERRY L
Rpt #: 0105-0027

MR#: M000023222

ACCT#: AA0000721967

CARD-ASB0274439
0005

Environmental Health Hazards Checklist**Medicare Coverage for Individuals Exposed to Environmental Health Hazards**

Step 1: Identify the individual. (Completed by the field office.)		
First Name – Middle Initial – Last Name	Terry S.	
Social Security Number		Date of Birth
Step 2: Identify the asbestos-related condition(s) and its date of diagnosis. (Completed by the provider.)		
<i>Check the box next to the diagnosed impairment(s) and print the date of diagnosis.</i>		
Impairment	Diagnosis Code	Minimum Medical Evidence Required
<input type="checkbox"/> Asbestosis	5010	Interpretation by a B reader qualified physician of a plain chest x-ray <u>or</u> interpretation of computed tomographic radiograph of the chest by a qualified physician
<input checked="" type="checkbox"/> Pleural thickening	5010	Interpretation by a B reader qualified physician of a plain chest x-ray <u>or</u> interpretation of computed tomographic radiograph of the chest by a qualified physician
<input type="checkbox"/> Pleural plaques		
<input type="checkbox"/> Mesothelioma	1630	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage <u>or</u> bronchoscopy report
<input type="checkbox"/> Malignancy of the lung	1620	Established by pathologic examination of biopsy tissue, cytology from bronchioalveolar lavage <u>or</u> bronchoscopy report
<input type="checkbox"/> Malignancy of the colon	1530	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the rectum	1530	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the larynx	1950	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the stomach	1510	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the esophagus	1500	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the pharynx	1950	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the ovary	1830	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<i>Individual does not have an impairment listed above</i>		
Date of Diagnosis:	1/5/12	

Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider.)		
This individual was present in Lincoln County, Montana, during the following time period(s):	1967 - Present	
Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (SSA will develop presence.)		

Printed Name	Physician's Signature	Date
Brad Black MD	Brad Black MD	10/29/12

CARD-ASB0274366
0006



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

October 15, 2014

Re: Terry S [REDACTED]
SSN: [REDACTED]

To Whom It May Concern:

Mr. S [REDACTED] was first evaluated at CARD on 01/05/2012 because he was struggling with shortness of breath with exertion and also while at rest. He also reported that over the past two years he has had a chronic cough and occasional wheezing. He also had been struggling with pleuritic chest pain. He sought medical evaluation because it got so severe that it was interfering with his ability to perform his work. At this visit he was diagnosed with asbestos related pleural disease and chronic pleuritic pain. Mr. S [REDACTED] was started on pharmaceutical pain management.

These diagnoses were very appropriate considering his substantial exposure to Libby amphibole asbestos. He has lived in Troy since 1967. He lived directly across from the railroad tracks and played near them frequently which is now known to be a noteworthy exposure pathway. He also lived in a house insulated with contaminated vermiculite and reported that it was typically dusty indoors.

Mr. S [REDACTED] has maintained monthly contact with CARD for ongoing pain management the last 2 ½ years and dedicatedly completed annual evaluations. His Libby amphibole asbestos pleural disease is likely to continue to progress, with the most debilitating symptom being his chronic pleuritic pain.

He has attempted to utilize medication management to make his symptoms tolerable, but it has been increasingly difficult. He has been a heavy equipment operator his entire life. The past 17 years he worked for the County Road Department and prior to that was involved in logging and other construction always operating heavy equipment. Beginning in 2012 his Libby amphibole asbestos disease began significantly interfering with his ability to work. When operating the heavy equipment, he frequently had to pull over to catch his breath, cough up phlegm or walk around to try and relieve the pain some. Pain management was somewhat helpful but interfered with his ability to maintain a CDL and thus he was no longer able to maintain his employment. His multiple respiratory symptoms and most notably his chronic pleuritic pain have made him unable to maintain gainful employment.

It is my opinion that Mr. S [REDACTED] has always had a strong work ethic at manual labor based jobs. However, although I do not believe he has had any formal assessment, he demonstrates very limited skills with numbers, reading and writing and would not be able to work in any public or service capacity. In addition, his Libby amphibole asbestos disease status will only continue to worsen, and thus his pain will also likely worsen over time. The only alternative for Mr. S [REDACTED] at this time is to seek Social Security disability benefits. I strongly encourage you to approve Mr. S [REDACTED] for benefits.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Black, MD".

Dr. Brad Black
Medical Director/CEO

Name: S [REDACTED] Terry

DOB: [REDACTED]/1966

Date:

CARD-ASB0274490

0007

14 13:12:24 Social Security Admin

866 683 2367 Page 2/4

**Department of Public Health and Human Services**

Disability Employment and Transitions Division • Disability Determination Services • 2550 Prospect Ave
Helena, MT 59604-4189 • Voice: 406-444-3054 • Toll Free: 800-545-3054 • Fax: 406-444-3564

Steve Bullock, Governor
Richard H. Opper, Director

CARD CLINIC
MEDICAL RECORDS
214 E 3RD ST
LIBBY, MT 59923

December 23, 2014

TERRY LEE S [REDACTED]
[REDACTED]
PO BOX [REDACTED]
TROY MT 59935

SSN: [REDACTED]

TAX ID: [REDACTED] #

ST ID: 52760

AUTH: 20141223700167

DOB: [REDACTED]/1966

REQUEST FOR INFORMATION

Our agency is determining this person's eligibility for disability benefits. Please provide copies of the records requested for the following dates: December 2014 to present

Include the following information:

- * Office notes
 - * Please state your opinion on the claimant's ability to do work related activities.
 - * PFS (pulmonary function studies), spirometry, results & tracings
 - * Imaging reports (e.g., x-rays/MRI/CT scans)
- We will pay up to \$25.00 for your records.

INVOICE	
Date:	[REDACTED]
Tax-ID/SSN:	[REDACTED]
Amount Due:	[REDACTED]
Make Payable to:	[REDACTED]
Signature	[REDACTED]
VENDOR TAX ID OR SSN MUST BE ON THIS BILL	

CHECK HERE IF NO RECORDS ARE AVAILABLE _____

Fill out the information in the box above and return this page with the records, it will serve as an invoice. Place this page and records behind the bar code page. Faxing to 866-683-2367 will expedite receipt of records.

Call 800-545-3054 for dictation service information.
Include a current W-9 if you are a new vendor, or your name, address, or Tax ID changed.

MARY O
Disability Determination Services
gei416/D0050

FAX

Name: S [REDACTED], Terry

DOB: [REDACTED]/1966

Date:

CARD-ASB0274565
0008

14 13:12:35 Social Security Admin

866 683 2387 Page 3/4

		WHOSE Records to be Disclosed		Form Approved OMB No. 1655-0053
NAME (First, Middle, Last, Suffix)		Terry Lee S [REDACTED]		
SSN [REDACTED]		Birthday (mm/dd/yy)	[REDACTED] 66	
S [REDACTED], TERRY [REDACTED] /1966		12/13/2014		

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

" PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW "

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange);
OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to :
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/ODG (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

CARD CLINIC
LIBBY, MT 59923

Please see attached request.
December 2014 to present

TO WHOM The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability, and whether I can manage such benefits.
 Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY If not signed by subject of disclosure, specify basis for authority to sign
INDIVIDUAL authorizing disclosure

SIGN 
 Terry Lee Steiger

Parent of minor Guardian Other personal representative (explain)
 (Parent/guardian/personal representative sign here if two signatures required by State law) 

Date Signed 10/07/14	Street Address 472 St Paul Rd [REDACTED] PO Box [REDACTED]		
Phone Number (with area code) 406 [REDACTED]	City Troy	State MT	ZIP 59935

WITNESS I know the person signing this form or am satisfied of this person's identity:

SIGN 	<input type="checkbox"/> If needed, second witness sign here (e.g., if signed with "X" above) SIGN 
Phone Number (or Address)	Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 1390dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 36 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-627 (11-2012) ed. (11-2012) Use 4-2009 and Later Editions Until Supply is Exhausted

Page 1 of 2

Name: S [REDACTED], Terry

DOB: [REDACTED] 1966

Date:

CARD-ASB0274566
0009

Exhibit 16-9

14 13:12:54 Social Security Admin

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Explanation of Form SSA-827.
"Authorization to Disclose Information to the Social Security Administration (SSA)"

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide services to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(e), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382(e)(3)(H)(i), 1383(d)(1) and 1383(c)(1)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

- 1 To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
- 2 To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
- 3 To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
- 4 To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089; Master Beneficiary Record, 60-0090; Supplemental Security Income record and Special Veterans benefits, 60-0103; and Electronic Disability (eDB) Claims File, 60-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the [Paperwork Reduction Act of 1995](#). You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

DATE OF IMAGE
01/05/12

FILM READER
LYNCH

Worker's ID #
633323

FACILITY IDENTIFICATION
1T026

Image quality 0 2 3 If not grade 1, give reason _____

1A. ARE THERE ANY LUNG ABNORMALITIES PRESENT? NO YES IF NO GO TO #7A

1B. ARE THERE ANY WELL DEFINED OPACITIES PRESENT?
 NO YES IF NO GO TO #2

P = 1.5mm	Predominant Size		(Choose one)	Zones/Profusion					
	No	Yes		R			L		
	U	D	I	2	3	0	1	2	3
Q=1.5-3mm									
R = 3-10mm									

SUM GRADE

2. ARE THERE ANY IRREGULAR AND/OR LINEAR OPACITIES PRESENT?
 NO YES IF NO GO TO #3

Intrapulmonary	Predominant Type		(Choose one)	Grade					
	No	Yes		R			L		
	U	D	I	2	3	0	1	2	3
Interlobular									
Interlobular									
Reticular									

SUM GRADE

3. GROUND GLASS OPACITY PRESENT?
 NO YES IF NO GO TO #4

U	Grade		(Choose one)	R					
	No	Yes		R			L		
	0	1	I	2	3	0	1	2	3
M	0	1	I	2	3	0	1	2	3
L	0	1	I	2	3	0	1	2	3

1 = 25%
2 = 25%-50%
3 = 50%

4. IS THERE ANY HONEYCOMBING PRESENT?
 NO YES IF NO GO TO #5

U	Grade		(Choose one)	R					
	No	Yes		R			L		
	0	1	I	2	3	0	1	2	3
M	0	1	I	2	3	0	1	2	3
L	0	1	I	2	3	0	1	2	3

1 = 25%
2 = 25%-50%
3 = 50%

5. EMPHYSEMA PRESENT?
 NO YES IF NO GO TO #6

U	Grade		(Choose one)	R					
	No	Yes		R			L		
	0	1	I	2	3	0	1	2	3
M	0	1	I	2	3	0	1	2	3
L	0	1	I	2	3	0	1	2	3

1 = 25%
2 = 25%-50%
3 = 50%

6. ARE THERE LARGE OPACITIES PRESENT?
 D A B C

Zones		
	R	L
U		
M		
L		

7A. ARE THERE ANY PLEURAL ABNORMALITIES PRESENT?

NO YES IF NO GO TO #9

7B. IS THERE ROUGHED ATELECTASIS?

W	No		Yes	Predominant Type (choose one)	Extent/width					
	No	Yes			R			L		
	0	1			0	1	2	3	0	1
W parietal type					a	b	c	d	a	b
W visceral type					0	1	2	3	0	1
M mediastinum					n	b	c	d	a	b
D diaphragm					0	1	2	3	0	1

8A. ARE ANY PLEURAL CALCIFICATIONS PRESENT? 8B. LOCATION

NO YES IF NO GO TO #9

0 W M D

9. SYMBOLS

0 AX BR HI BB CA CG CV DI DO IP ES TP FR HI MI MP LD PD RA SC HB

10A. ARE NON-CALCIFIED NODULES PRESENT?

NO YES IF NO GO TO #11

10B. NO. OF NODULES PRESENT

10C. MAXIMUM DIAMETER OF NODULES mm

11. OTHER COMMENTS *Fatty liver*

12. READER INITIALS: *JAL*

DATE OF READING *8/24/12* 4-DIGIT IMAGE ID, AS READ FROM IMAGE (NOT FROM LABEL) *N/A*

FOR RUEFS ONLY		
SITE EDIT	SITE FAIL	SITE PASS
SCANNED	RECVD	KEYED

Name: S [REDACTED] Terry

DOB: [REDACTED]/1966

Date:

CARD-ASB0274546

0011

Exhibit 16-11

9.

0 - none
AX- Coalescence of small pneumononic opacities
BT- Bronchiectasis; all types, including traction bronchiectasis
BR- Bronchial wall thickening
BU- Bullae, additional information on emphysema
CA- Lung cancer
CG- Calcified Granuloma
CV- Cavity, central necrosis, liquid, and/or air containing
DI- Distortion of intrathoracic structures and organs
DO- Dependant Opacity
EP- Effusion, free or loculated pleural fluid
ES- Eggshell calcification of hilar and/or mediastinal lymph nodes
FP- Fat Pad, extrapleural/subcostal fat
FR- Fractured rib(s)
II- Enlargement of hilar and/or mediastinal lymph nodes, >1.5-2cm
ME- Malignant mesothelioma of the pleura, the pericardium or the peritoneum
MP- Mosiac pattern
OD- Other disease; comment included
PB- Parenchymal band, due to pleuroparenchymal scars, longer >2cm, thicker >1mm
RA- Rounded atelectasis
TB- Tuberculosis

Name: S_____ Terry

DOB: _____/1966

Date:

CARD-ASB0274547
0012

.7:31 SJLH (406)293-0138 The info contained in this fax is privileged and confidential for the sole use of the intended recipient

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: signed

Patient: S [REDACTED], TERRY L Date: 01/29/13
Patient BD: [REDACTED] /1966 Patient location: LIMAGING Rm #:
Ordering Dr: BLACK, BRAD M.D.

cc:
BLACK, BRAD M.D.

PROCEDURE: RADIOGRAPH: CHEST, SINGLE VIEW

COMPARISON: ST JOHN'S LUTHERAN HOSPITAL, CT, CHEST W/O CONTRAST, 1/05/2012, 10:30. ST JOHN'S LUTHERAN HOSPITAL, RAD, CHEST, SINGLE VIEW, 1/05/2012, 8:16.

INDICATIONS: Pleural plaquing.

FINDINGS: Single frontal view of the chest demonstrates the cardiac and mediastinal configuration to be normal. The lungs are clear. No pneumothorax or pleural effusion. No significant pleural plaque is identified.

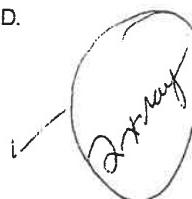
CONCLUSION: NEGATIVE CHEST.

Dictated by: Debra Wade, M.D. on 1/29/2013 at 13:48
Transcribed by: Karen Hansen on 1/29/2013 at 14:38
Electronically Signed by: Debra Wade, M.D. on 1/30/2013 at 16:00

Dictated by: DEBRA L WADE M.D., M.D.

Electronically signed by: WADE, DEBRA L M.D., M.D.
01/30/13 1728

ACODE/krh
01/29/13 1348 01/29/13 1438



IMAGING REPORT - MEDITOR

NAME: S [REDACTED] TERRY L MR#: M000023222 ACCT#: AA0000762626
Rpt#: 0130-0023

CARD-ASB0274437
0013

Electronically signed by Black, Brad M.D. on 10/06/2014 12:49:18 PM. Privileged and confidential and for the sole use of the intended recipient.

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: S [REDACTED] TERRY L Date: 10/06/14
Patient BD: [REDACTED]/1966 Patient location: L.IMAGING Rm #:
Ordering Dr: BLACK, BRAD M.D.

cc:
BLACK, BRAD M.D.

Exam Date and Time: 10/06/2014 14:34
PROCEDURE: RADIOGRAPH: CHEST, SINGLE VIEW

COMPARISON: ST JOHN'S LUTHERAN HOSPITAL, RAD, CHEST, SINGLE VIEW,
1/29/2013, 12:29.

INDICATIONS: Pleural plaquing.

FINDINGS:

LUNGS: Clear. Normal vasculature.
PLEURA: Normal. No abnormal pleural opacity. No pneumothorax.
MEDIASTINUM: Normal. No visible mass or adenopathy.
MUSCULOSKELETAL: Normal. No fracture or visible bony lesion.
ADDITIONAL FINDINGS: None.

CONCLUSION: No acute disease.

Dictated by: William Benedetto, M.D. on 10/06/2014 at 16:04
Transcribed by: ENF on 10/06/2014 at 16:47
Electronically Signed by: William Benedetto, M.D. on 10/07/2014 at
10:10

Dictated by: WILLIAM R BENEDETTO M.D., M.D.

Electronically signed by: BENEDETTO, WILLIAM R M.D.,
M.D.
10/07/14 1011

IMAGING REPORT - MEDITOR

NAME: S [REDACTED], TERRY L MR#: M000023222 Rpt#: 1006-0044
ACCT#: AA0000826599

Name: S [REDACTED], Terry

DOB: [REDACTED]/1966

Date:

CARD-ASB0274548
0014

09/03/2013 17:14 14062 5326

KOOTENAI DRUG

PAGE 01/01

09/03/2013

REFILL AUTHORIZATION REQUEST FORM

KOOTENAI DRUG AND HARDWARE, INC.
 BOX 328 - 611 E. MISSOULA
 TROY, MT 59935
 PHONE: (406) 295-4361
 FAX: (406) 295-5326
 DEA#: BK9555371

REFILL REQUEST FOR RX: 438528

PATIENT: TERRY S [REDACTED]

DOB: [REDACTED] 1966

ADDRESS: BOX [REDACTED]
TROY, MT 59935

PHONE: [REDACTED]

PRESCRIBED DRUG: TRAMADOL 50MG
 SIG: TAKE ONE TABLET EVERY SIX HOURS AS NEEDED FOR PAIN
 -MAY CAUSE DROWSINESS

50MG
 QTY: 60
 RFLS AUTH: 6
 PHONE: (406) 295-9274
 FAX: (406) 295-9280

DOCTOR: MICHELLE BOLTZ NP [Signature]

PHYSICIAN RESPONSE: (SELECT ONLY ONE RESPONSE.)

- APPROVE ONE MORE DISPENSING ONLY
- APPROVE AND GIVE ____ MORE REFILLS
- NO FURTHER DISPENSINGS APPROVED, PATIENT MUST SEE DOCTOR
- GIVE ONLY ENOUGH FOR ONE DAY, PATIENT MUST SEE DOCTOR
- HAVE PATIENT CALL DOCTOR
- OTHER: _____

AUTH BY: _____ DEA#: _____ DATE: _____

NOTE FROM PHARMACY:

REFILL HISTORY (MOST RECENT 5 DISPENSES)

Disp Date	Qty	Days Item Dispensed	Item Strength
06/21/2013	60	15 TRAMADOL 50MG	50MG
05/15/2013	60	15 TRAMADOL 50MG	50MG
04/12/2013	60	15 TRAMADOL 50MG	50MG
02/28/2013	60	15 TRAMADOL 50MG	50MG
01/28/2013	60	15 TRAMADOL 50MG	50MG

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HIPAA Compliance

Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care operations.

PLEASE REPLY TO REQUEST BY EITHER PHONING PHARMACY DIRECTLY OR RETURNING FAX WITH YOUR RESPONSE

PHONE: (406) 295-4361

FAX: (406) 295-5326

CARD-ASB0274578

0016

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Ferry S. ADDRESS Troy MT AGE 66
RX MS Contin 15mg DATE 9-30-13
Qty: #60 (Sixty)
Sig: 1 tab po BID
Refill Times
Provider Brad Black Dispense As Written Substitution Permitted

Mailed to
Pharmacy (Kootenai Drug)

10-1-13 ZR

CARD-ASB0274377
0015

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB76Z4819 DEA: AA 94188518

Owen Austrheim, M.D.
MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Terry S. DOB [REDACTED]
ADDRESS Troy MT AGE 66
DATE 8-27-13

Rx Ms Contin 15mg
Qty: #60 (sixty)
Sig: tab po BID

Refill 0 Times
Provider [REDACTED] Dispense As Written
Provider Owen Austrheim MD Substitution Permitted

Mailed to K D
8-27-13
Krats CR

CARD-ASB0274380
0018

07/31/2013 08:51 1406: 1326

KOOTENAI DRUG

PAGE 01/01

07/31/2013

REFILL AUTHORIZATION REQUEST FORM

KOOTENAI DRUG AND HARDWARE, INC.

BOX 328 - 611 E. MISSOULA

TROY, MT 59935

PHONE: (406) 295-4361

FAX: (406) 295-5326

DEA#: BK9555371

REFILL REQUEST FOR RX: 438528

PATIENT: TERRY S [REDACTED]

DOB: [REDACTED] /1966

ADDRESS: BOX [REDACTED]

PHONE: (0) [REDACTED]

TROY, MT 59935

PRESCRIBED DRUG: TRAMADOL 50MG

50MG

SIG: TAKE ONE TABLET EVERY SIX HOURS AS NEEDED FOR PAIN

QTY: 60

~MAY CAUSE DROWSINESS

RFLS AUTH: 6

DOCTOR: MICHELLE BOLTZ NP

PHONE: (406) 293-9274

FAX: (406) 293-9230

PHYSICIAN RESPONSE: (SELECT ONLY ONE RESPONSE.)

- APPROVE ONE MORE DISPENSING ONLY
 APPROVE AND GIVE ____ MORE REFILLS
 NO FURTHER DISPENSINGS APPROVED, PATIENT MUST SEE DOCTOR
 GIVE ONLY ENOUGH FOR ONE DAY, PATIENT MUST SEE DOCTOR
 HAVE PATIENT CALL DOCTOR
 OTHER: _____

AUTH BY: _____ DEA#: _____ DATE: _____

NOTE FROM PHARMACY:

REFILL HISTORY (MOST RECENT 5 DISPENSES)

Disp Date	Oty	Days	Item Dispensed	Item Strength
06/21/2013	60	15	TRAMADOL 50MG	50MG
05/15/2013	60	15	TRAMADOL 50MG	50MG
04/12/2013	60	15	TRAMADOL 50MG	50MG
02/28/2013	60	15	TRAMADOL 50MG	50MG
01/28/2013	60	15	TRAMADOL 50MG	50MG

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HIPAA Compliance

Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care operations.

PLEASE REPLY TO REQUEST BY EITHER PHONING PHARMACY DIRECTLY OR RETURNING FAX WITH YOUR RESPONSE

PHONE: (406) 295-4361

FAX: (406) 295-5326

CARD-ASB0274379

0017

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Troy S DOB
ADDRESS AGE

DATE 7-25-13

Rx MS Contin 15mg
Qty: #60 (sixty)
Sig: tab po BID

Refill 0 Times

Provider

Dispense As Written

Substitution Permitted

Mailed to Koontzai Drug
7-25-13

TR

CARD-ASB0274381
0019

Exhibit 16-19

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D. DEA Reg. No. AB7624819	ALISA M. KOVAL, M.D. DEA No. FK3493993	MICHELLE BOLTZ, NP-C, APRN DEA Reg. No. MB2353364
NAME <u>Terry S.</u>		DOB <u>10/13/66</u> AGE <u>46</u>
ADDRESS <u>[REDACTED]</u>	<u>Troy MT</u>	DATE <u>6-19-13</u>

Rx m5 Contin 15mg
Qty: #60 (sixty)
Sig: i tab po BID

Refill 1 Times
Provider Brad Black MD Dispense As Written Provider Substitution Permitted

Mailed to Kootenai Drug

6-19-13

Ireat LCN

CARD-ASB0274382
0020

The Center for Asbestos Related Disease
214 E 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME *Terry*
ADDRESS *[REDACTED]*

DOB *[REDACTED]*
AGE *[REDACTED]*
Troy MT DATE *S-13-13*

Rx MS Contin 15mg
Qty: #60 (Sixty)
Sig: 1 tab po BID

Refill Times *[Signature]*

Provider *[Signature]*

Dispense As Written

Provider *[Signature]*

Substitution Permitted

Mailed to K.D.

5-13-13

[Signature]

CARD-ASB0274383

0021

The Center for Asbestos Related Disease
214 E. 3rd St. Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

ALISA M. KOVAL, M.D.
DEA No. FK3493993

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Kerry ADDRESS Troy MT DOB DOB [REDACTED] - 66
ADDRESS [REDACTED] DATE 4-8-13

Rx : MS Contin 15mg
Qty: #60 (sixty)
Sig: t/tal po BID

Refill 0 Times
Provider Brad Black Dispenser [REDACTED] Substitution Permitted
Dispense As Written

Mail to Kootenai Drug
4-8-13
JL

CARD-ASB0274384
0022

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Terry DOB 1/1/66
ADDRESS Troy MT AGE 50
DATE 2-28-13

Rx Ms Contin 15 mg
Qty: #60 (sixty)
Sig: 1 tab PO BID

Refill 0 Times
Provider Brad Black MD Dispense As Written Provider Substitution Permitted

Mailed to Kootenai Drug

2-28-13

Brad C.P.N.

CARD-ASB0274385
0023

The Center for Asbestos Related Disease

214 E 3rd St. • Libby, Montana 59923

Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Terry

DB 66
AGE 74
DATE 7-24-13

ADDRESS _____

Rx MS Contin 15mg
Qty # 60
Sig: T tab PD Bid
Refill Times _____
Provider Brad Black MD Dispense As Written Provider _____
Substitution Permitted

CARD-ASB0274386
0024

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

ALISA M. KOVAL, M.D.
DEA No. FK3493993

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Terry [REDACTED] DOB 10/02/66
ADDRESS [REDACTED] Troy MT DATE 10/24/24 D

Rx Ms. Contin 15mg
Qty: #60 (sixty)
Sig: 1 tab po bid

Refill Bill Black Provider
Provider Bill Black Refill
Dispense As Written Substitution Permitted

Take every
day
morning

CARD-ASB0274387
0025

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. Ab7624819

ALISA M. KOVAL, M.D.
DEA No. FK3493993

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Terry [REDACTED] DOB [REDACTED]
ADDRESS 177 St. Legis Rd Troy MT AGE 66
DATE 12-24-10

Rx : Ms Contin 15 mg
Qty: #60 (sixty)
Sig: 1 tab po bid

Refill 0 Times 0
Provider Brad Black Provider Brad Black
Dispense As Written Substitution Permitted

Terry [REDACTED]

CARD-ASB0274388
0026

The Center for Asbestos Related Diseases
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Terry DOB [REDACTED]
ADDRESS 177 St Regis Road AGE [REDACTED]
Troy, MT 59935 ph: (406) 295-5733 DATE 11/8/12

Rx MS Contin 15mg
Qty #60
Sig: 1 tablet po bid

Refill Times 1
Provider Brad Black PA Dispense As Written Provider [REDACTED]

Substitution Permitted

mailed to pt 11/8/12
Hany RN, CCRN

CARD-ASB0274389

0027

11/07/2012 17:44 1406295E

KOOTENAI DRUG

PAGE 01/01

11/07/2012

REFILL AUTHORIZATION REQUEST FORM

KOOTENAI DRUG AND HARDWARE, INC.

BOX 328 • 611 E. MISSOULA

TROY, MT 59935

PHONE: (406) 295-4361

FAX: (406) 295-5326

DEA#: BK9555371

REFILL REQUEST FOR RX: 423787

PATIENT: TERRY [REDACTED]

DOB: [REDACTED] 22/1966

ADDRESS: BOX [REDACTED]

PHONE: () [REDACTED]

TROY, MT 59935

PRESCRIBED DRUG: TRAMADOL 50MG

50MG

SIG: TAKE ONE TABLET EVERY SIX HOURS AS NEEDED FOR PAIN
--MAY CAUSE DROWSINESSQTY: 60
RFLS AUTH: 5

DOCTOR: MICHELLE BOLTZ NP

PHONE: (406) 293-9274
FAX: (406) 293-9280

PHYSICIAN RESPONSE: (SELECT ONLY ONE RESPONSE.)

- APPROVE ONE MORE DISPENSING ONLY
 APPROVE AND GIVE 10 MORE REFILLS
 NO FURTHER DISPENSINGS APPROVED, PATIENT MUST SEE DOCTOR
 GIVE ONLY ENOUGH FOR ONE DAY, PATIENT MUST SEE DOCTOR
 HAVE PATIENT CALL DOCTOR
 OTHER: _____

AUTH BY: Brad Black, MD / DEA#: AB 7624819 DATE: 11/8/12

NOTE FROM PHARMACY:

[Signature]

REFILL HISTORY (MOST RECENT 5 DISPENSES)

Disp Date	Qty	Days	Item Dispensed	Item Strength
10/02/2012	60	15	TRAMADOL 50MG	50MG
08/20/2012	60	15	TRAMADOL 50MG	50MG
06/29/2012	60	15	TRAMADOL 50MG	50MG
05/24/2012	60	15	TRAMADOL 50MG	50MG
04/20/2012	60	15	TRAMADOL 50MG	50MG

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HIPAA Compliance

Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care operations.

PLEASE REPLY TO REQUEST BY EITHER PHONING PHARMACY DIRECTLY OR RETURNING FAX WITH YOUR RESPONSE

PHONE: (406) 295-4361

FAX: (406) 295-5326

FAXED
11/8/12 TJSCARD-ASB0274390
0028

Exhibit 16-28

The Center for Asbestos-Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Terry [REDACTED] AGE 60
ADDRESS 0 DATE 10-9-12

Rx MS Contin 15mg
Qty #60
Sup + tab PO Bid

Refill _____
Provider Brad Black, MD
Dispense As Written Provider Substitution Permitted

Thomas [REDACTED]

Son

CARD-ASB0274391
0029

The Center for Asbestos Related Disease
214 E. 4th St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D. DEA Reg. No. AB7624819	MICHELLE BOLTZ, NP-C, APRN DEA Reg. No. MB2353364
NAME <u>Terry</u>	AGE <u>66</u>
ADDRESS <u>[REDACTED]</u>	DATE <u>8-27-12</u>
Rx <u>M/S Contin 15mg</u> <u>City: # 60</u> <u>Sig + tab PO Bid.</u>	
Refill _____ Times _____	Provider _____ Dispense As Written
Provider <u>Brad Black, MD</u> Substitution Permitted	

CARD-ASB0274392
0030

The Center for Asbestos-Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Terry [REDACTED] DOB 6/6
ADDRESS [REDACTED] DATE 8-27-12

Rx M.S. Contin 15mg
Cty. # 60
50 + tab PO Bid.

Refill _____ Times _____
Provider _____ Dispense As Written _____

Substitution Permitted _____

[Handwritten signatures and notes over the prescription]

CARD-ASB0274393
0031

The Center for Asbestos-Related Diseases
214 E 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353384

NAME Terry DOB 10/10/1960
ADDRESS 123 Main Street AGE 53
DATE 7/10/2023

Rx MIS Contin ISmg
Qty # 60
Sig: 1 tab PO Bid

Refill Times
Provider MS Contin Dispense As Written
Provider MS Contin Substitution Permitted

CARD-ASB0274394
0032

Drugs
11/3/12
Pain relief
Sign & Date

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. A87624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Terry DOB 66
ADDRESS DATE 5/3/12

RX MS Contin 15mg i tab po BID
Disp #60
∅ Refills

Refill Times
Provider Michelle Boltz Dispense As Written Provider Michelle Boltz
Substitution Permitted

CARD-ASB0274395
0033

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C APRN
DEA Reg. No. MB2353384

NAME Jerry DOB 12/12/61
ADDRESS 123 Main St. AGE 56
DATE 3-22-17

Rx WAS Conten 15 mg
Qty #60
Sig: 1 tab PO BID

Refill 0 Times

Provider MBoltzNP Dispense As Written ✓ Substitution Permitted ✓

taking to pts' Drug Store
3-22-17 Kotinal
Attatto

CARD-ASB0274396
0034

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406.293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Terry [REDACTED] DOB [REDACTED] 66
ADDRESS [REDACTED] DATE 2/16/12

Rx Ms Contin 15 mg 1 tab P.O. BID
Disp # 60
Refills 0

Refill 0 Times
Provider BRAD BLACK, M.D. Dispense As Written
Substitution Permitted 0

*MMR 2/16/12
Kootenai Drug*

CARD-ASB0274397
0035



TELEPHONE MESSAGE

Patient Name **Terry S [REDACTED]**
Date of Birth **[REDACTED]/1966**
Date of Call **12/10/2014**
Home phone **(406) [REDACTED]**
Day phone
Alternate phone

Spoke with:

Time of call: 2:44 PM

Call taken by: Tami Reatz

Contact type:

Call type: medication management

Telephone Contact Detail

Date	Time	Employee	Detail
12/10/2014	2:44 PM	Tami Reatz	Communication: Medication request:MS CONTIN (MORPHINE SULFATE) Comment:RX mailed to Kootenai Drug.

Completed by: Brad Black MD 12/10/2014 02:52 PM

Document generated by: Tami Reatz

S [REDACTED], Terry L. 000000633323 [REDACTED]/1966 12/10/2014 02:42 PM Page: 1/1

CARD-ASB0274474
0036



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

Page 3 of 3

Date of Visit: 1/5/12

S [REDACTED], Terry DOB: [REDACTED] 66

Assessment: #1 asbestos related pleural disease #2 chronic pain #3 episodic alcohol abuse

Plan:

Patient Education: ARD- Anatomy & Physiology, Complications, Disease Process, Follow-up, Home Management, Lifestyle Adaptations, Testing.- Good understanding 40 minutes spent with patient with greater than 15 minutes counseling and pt. education. Specifically patient is going to increase physical activity once his pain is better managed. His wife is a strong support system, and she plans to help with this. The patient states he is quite motivated for weight loss. The patient also identifies his alcohol use as prohibitive to his health and goals. We talked about chronic depression accompanying chronic pain and counseling as well as pharmaceutical treatment options. Patient is considering pursuing counseling

Pharmacologic: Trial of MS Contin 15 mg b.i.d. and tramadol 50 mg one tablet q.6 hours p.r.n. Explicit instructions were given not to use narcotic medication while operating heavy equipment until the effects on his body are well understood. Also gave explicit instructions that side effects of combining alcohol use with narcotics may result in cardiopulmonary arrest.

ARD Referrals: Benefits counseling

Other Referrals: Recommend cardiology evaluation

Follow up: Next appointment in one month to review pain management

Michelle Boltz, FNP-C

Michelle Boltz, NP-C, APRN



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

Date of Visit: 2/6/12
S [REDACTED], Terry DOB: [REDACTED]/66

Pharmacologic: In addition to MS Contin 15 mg b.i.d., the patient will trial hydrocodone 5/500 t.i.d. patient will begin this on a weekend to monitor for any side effects.

Follow up: Phone meeting in one month to reassess pain management

CC PCP

Michelle Boltz, FNP-C
Michelle Boltz, NP-C, APRN
02/06/12



214 East 3rd Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

Bill Bischoff

9/9/13

To Whom It May Concern:

Regarding: Terry [REDACTED]

Terry is on a medication routine of Morphine 15 mg BID for pain control of his asbestos related disease.

He has had no adverse side effects from this regimen and is cleared for driving.

Thank-you

A handwritten signature in black ink that reads "Brad Black, MD". The signature is fluid and cursive, with "Brad" on top and "Black, MD" below it.

Brad Black, MD

FAXED
10-9-13
0910 2P

CARD-ASB0274444
0039

Exhibit 16-39

01-27-15;15:59 ;From:LC Clerk &Recorder To:92939280 ;14062938577 # 1 / 3

LINCOLN COUNTY
CERTIFICATION OF A DEATH CERTIFICATE

FILE #: 201527-000286

FULL NAME OF DECEASED:	TERRY L S [REDACTED]	SEX: Male
DATE OF DEATH:	January 12, 2015	PLACE OF DEATH: LIBBY
RACE:	White	
DATE OF BIRTH:	[REDACTED] 1966	BIRTHPLACE: Bismarck, North Dakota
MOTHER'S NAME:	Irena D [REDACTED]	
FATHER'S NAME:	Wilbert E S [REDACTED]	
MARITAL STATUS:	Married	
SPOUSE:	Tami S [REDACTED]	
SOCIAL SECURITY NUMBER:	[REDACTED]	VETERAN OF ARMED FORCES: No
RESIDENCE:	Troy, Montana	
FUNERAL FACILITY:	Schnackenberg Nelson Funeral Home	
PLACE OF DISPOSITION:	Troy Cemetery Troy	
METHOD OF DISPOSITION:	Burial	
MANNER OF DEATH:	Natural	DATE FILED: January 15, 2015
CAUSE OF DEATH:	a. atherosclerotic cardiovascular disease	ONSET: years
OTHER SIGNIFICANT CONDITIONS:	Not Recorded	
NAME AND ADDRESS OF CERTIFIER:	Maury McKinney, 512 California Ave., Libby, Montana 59923	
DATE ISSUED:	January 27, 2015	BY: _____

656968

This certifies that this document is a true duplication
of the original information on file with the Department
of Public Health and Human Services.

Clerk and Recorder

Name: S [REDACTED], Terry

DOB: [REDACTED]/1966

Date:

CARD-ASB0274545
0040

14:43 SJLH 406-293-0138 The info contained in this fax is privileged and confidential and for the sole use of the intended recipient.

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

Patient: S [REDACTED] TERRY L
Patient BD: [REDACTED]/1966
AA Number: AA0000835029
MedRecNumber: M000023222

Provider: JAY MALONEY M.D.
Date: 01/12/15
Patient Location: LER

ED DOCUMENTATION

History and Physical

Provider Sign Up and Triage
Time Provider Signed Up: 13:17
Chief Complaint: Full Arrest

HPI/ROS

HPI/ROS
48-year-old male arrives from Troy by Troy voluntary ambulance in full arrest.
Paramedics were called to the scene when patient had been found unresponsive without breathing.
The event was not witnessed. Down time was not known.
Patient has no prior cardiac history
CPR was begun on scene immediately. monitor showed asystole.
Difficult intubation, King Lumen was placed.
Patient showed chest rise with ventilations. CPR was continued and patient was transported.
There was a brief run of possible ventricular fibrillation and patient had one shock, it was not helpful.
Bilateral tibial interosseous lines were placed with 3 epinephrine injections per American heart Association guidelines.
Glucose was 170.

Medications

Allergies:

Coded Allergies:

No Known Drug Allergies (Unverified , 1/12/15)

Scheduled

Levothyroxine Sodium (Levothyroxine Sodium) 125 Mcg Tablet 125 MCG PO DAILY (Reported)
Metformin Hcl (Metformin Hcl) 500 Mg Tablet 500 MG PO DAILY (Reported)
Morphine Sulfate (Morphine Sulfate Er) 30 Mg Cap.er.pel 30 MG PO BID (Reported)
Omeprazole (Omeprazole) 40 Mg Capsule.dr 40 MG PO DAILY (Reported)

Scheduled PRN

Tramadol Hcl (Tramadol Hcl) 50 Mg Tablet 50 MG PO Q6H PRN PRN PAIN (Reported)

Report Name: ED DOCUMENTATION
NAME: S [REDACTED] TERRY L
ACCT#: AA0000835029
MR#: M000023222 Rpt#: 0112-0022

Name: S [REDACTED] Terry

DOB: [REDACTED]/1966

Date:

CARD-ASB0274561
0041

14:43 SJLH 406-293-0138 The info contained in this fax is privileged and confidential and for the sole use of the intended recipient.

CABINET PEAKS MEDICAL CENTER

Physical Exam

Physical Exam

On arrival, CPR was in progress.

King Lumen was in place and there was bilateral breath sounds.

There was marked cyanosis noted of the hands feet and face ..

Monitor showed asystole.

Chest compressions were strong and adequate with palpable femoral pulses

Quick attempt with the glide scope was unsuccessful, anesthesia was called
OPA and BVM were used in the interim without interruption.

Chest compressions were continued without interruption as much as possible.

It had been 15 minutes since the last adrenaline. High dose 5 mg was given as access to the right antecubital vein was obtained.

Strong family requests were being made for us not to cease efforts

Anesthesia achieved intubation with difficulty. Colorimetric CO₂ detector confirmed placement
Good breath sounds bilaterally..

A bag of Medications were made available, morphine was noted, Narcan full dose was given IV

Another milligram of epinephrine was given

1 mg atropine given

eX. wife was interviewed, no other history found that was significant.
Patient was not around any poisonous environmental hazards, etc.

Portable chest x-ray showed excellent tube placement
After approximately 45 minutes of aggressive attempts, efforts were called at 1325 hours

Exam shows no obvious trauma

Tube left in place

Funeral home called

Family and power of attorney counseled

Medical Decision Making

ED Course

ED Medications

The listed medications represent those *documented as given* by the nurse at the time this report was developed. See the EMR for a complete listing of medications given in the ED.

Departure

Departure

Impression:

Primary Impression: Cardiac arrest

Additional Impression: H/O asbestos

Condition: Expired

Disposition: Expired (20)

Referrals:

BLACK,BRAD M.D. (PCP)

Core Measures Addressed: N/A

Portions of this chart may have been created with Dragon voice recognition software. Efforts have been made to proof-read the chart, however, the wrong-word or "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software. Please read the chart carefully and recognize, using context, where the substitutions may have occurred.

Report Name: ED DOCUMENTATION

NAME: S [REDACTED],TERRY L

ACCT#: AA0000835029

MR#: M000023222 Rpt#: 0112-0022

Name: S [REDACTED], Terry

DOB: [REDACTED]/1966

Date:

CARD-ASB0274562

0042

Person ID	ID	Last Name	First Name	Middle Name	Visit Date	Birth Date	CXR Screening type	CT Screening type	Visit	Age	Age Category	Weight	Height	Race	Residency	New Pt?
3164					9/18/2014				2	56	Between age 50-64			Caucasian	3	1
3165	633323	[REDACTED]	Terry	L	1/5/2012	[REDACTED]/1966		1	1	45	Between age 35-49	324	74	Caucasian	1	1
3166					2/22/2012				1	72	Age 65+	161	60	Caucasian	1	1

Person ID	ID	Last Name	First Name	Seen MD?	Recall Class (1, 3, or 5 yrs)	Smoker	Quit smoking since previous Screening	Diagnostic Track	Diagnosis Appt	FOBT
3164				3		1	2	2 CT	10/1/2014	Deferred
3165	633323 S [REDACTED]	Terry		3		1	2	0 CT	1/5/2012	N
3166	633323 S [REDACTED]			3		2	2	0 CT	3/6/2012	Y

Person ID	ID	Last Name	First Name	FOBT Mailed Date	FOBT Returned	FOBT Returned Date	FOBT Results	Pt Notified of FOBT	NCM phone f/u?	NCM phone notes	Grace A/D	Grace Date
3164												
3165	633323	S [REDACTED]	Terry									
3166												

Person ID	ID	Last Name	First Name	ATSDR	ARD	Pilot Interest	ARD Medicare Interest	ARD Medicare	CXR Date	CXR Set	2nd Set	CARD (CXR)
3164					1			1	8/25/2014	4X018		
3165	6333235	S [REDACTED]	Terry		1			1	1/5/2012	1X035		
3166	[REDACTED]	[REDACTED]	[REDACTED]		2			2	2/22/2012	1X043		

Person ID	ID	Last Name	First Name	CARD CXR (parenchymal)	CARD CXR (pleural)	B-Read1 (parenchymal)	B-Read1 (pleural)	B-Read2 (parenchymal)	B-Read2 (pleural)	CXR PR Set
3164	[REDACTED]	[REDACTED]	[REDACTED]	N	N	N	N	N	N	PRX18
3165	633323	[REDACTED]	Terry	N	N	N	N	N	N	
3166	[REDACTED]	[REDACTED]	[REDACTED]	N	N	N	N	N	N	

Person ID	ID	Last Name	First Name	PR1 B-Read (parenchymal)	PR1 B-Read (plural)	PR1 B-Reader Name	PR2 B-Read (parenchymal)	PR2 B-Read (plural)	PR2 B-Reader Name
3164				N	N	Kenne	N	N	Meyer
3165	633323-5		Terry						
3166									

Person ID	ID	Last Name	First Name	PR3 B-Read (parenchymal)	PR3 B-Read (plural)	PR3 B-Reader Name	PR4 B-Read (parenchymal)	PR4 B-Read (plural)	PR4 B-Reader Name	PR1 B-Read SentDate
3164				N		Parker	N		Szelink	10/30/2014
3165	633323		Terry							
3166										

Person ID	ID	Last Name	First Name	PR1 B-Read ReturnDate	PR1 B-Read InvoiceDate	PR1 B-Read InvoiceID	PR1 B-Read Notes	PR2 B-Read SentDate	PR2 B-Read ReturnDate
3164				12/11/2014				10/30/2014	12/9/2014
3165	633323	[REDACTED]	Terry						
3166									

Person ID	ID	Last Name	First Name	PR2 B-Read InvoiceDate	PR2 B-Read InvoiceID	PR2 B-Read Notes	PR3 B-Read SentDate	PR3 B-Read ReturnDate	PR3 B-Read InvoiceDate
3164						Mass medial left apex, ill defined opacity right upper zone with tethering of extrapleural fat.	10/30/2014	12/1/2014	
3165	633323	S [REDACTED]	Terry						
3166									

Person ID	ID	Last Name	First Name	PR3 B-Read InvoiceID	PR3 B-Read Notes	PR4 B-Read SentDate	PR4 B-Read ReturnDate	PR4 B-Read InvoiceDate	PR4 B-Read InvoiceID
3164						10/30/2014	12/1/2014		
3165	6333235	S [REDACTED]	Terry						

Person ID	ID	Last Name	First Name	PR4 B-Read Notes
3164				
3165	633323	S [REDACTED]	Terry	
3166				

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

11

0053

Person ID	ID	Last Name	First Name	CT Date	CT Set	CARD CT (parenchymal)	CARD CT (pleural)	Outside CT (parenchymal)	Outside CT (pleural)	Outside CT Reader Name	CT PR Set	PR1 CT (parenchymal)
3164				9/9/2014	4T015	Y	Y	Y	N		PRCT15	N
3165	633323	[REDACTED]	Terry	1/5/2012	1T026	N	Y	N	N			
3166				2/22/2012	1T031	N	N	N	N			

Person ID	ID	Last Name	First Name	PR1 CT (pleural)	PR1 CT-Reader Name	PR2 CT (parenchymal)	PR2 CT (pleural)	PR2 CT-Reader Name	PR1 CT SentDate	PR1 CT ReturnDate	PR1 CT InvoiceDate
3164				Y	Kenne	N	Y	Meyer	10/30/2014	12/11/2014	
3165	633323	St	Terry								
3166											

Person ID	ID	Last Name	First Name	PR1 CT InvoiceID	PR1 CT Notes	PR2 CT SentDate	PR2 CT ReturnDate	PR2 CT InvoiceDate	PR2 CT InvoiceID	PR2 CT Notes
3164					Peribronchial consolidation in right lower lung (superior segment and anterior basal).	10/30/2014	12/9/2014			Left upper lung nodule 1.8 cm, irregular AS opacity, superior segment right lower lung.
3165	633323	5 [REDACTED]	Terry							
3166	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]					

Person ID	ID	Last Name	First Name	Dx on Outside Read Only	Dx on Previous Outside Read	Entry into FLASH?	FLASH Date	Method of Entry	LAMP II
3164	[REDACTED]	[REDACTED]	[REDACTED]	FALSE	FALSE				
3165	633323	S [REDACTED]	Terry	FALSE	FALSE				
3166	[REDACTED]	[REDACTED]	[REDACTED]	FALSE	FALSE				

Person ID	ID	Last Name	First Name	Significant Findings
3164				Sarcoidosis-outside source
3165	633323	S [REDACTED]	Terry	Chronic pain, chronic depression and episodic alcohol abuse
3166				

Person ID	ID	Last Name	First Name	Focal Opacity	Focal Opacity 4mm	Lung mass	Thyroid mass	Kidney mass	Spleen mass	Adrenal mass	Breast mass	Other mass	Other mass detail
3164				FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	
3165	633323 S [REDACTED]	Terry		FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	
3166				FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	

Person ID	ID	Last Name	First Name	Symptomatic	Symptomatic Notes	Spirometry Read	Spirometry Results	ARDRM	ARDRMT	ARDRP
3164				1		2		0		0
3165	633323	[REDACTED]	Terry	1	wheeze,productive cough,SOB,chest pain	2	FVC 74% FEV1 81% ratio 85	-1		0
3166				2		1	FVC 119% FEV1 130% ratio 82%	0		0

Person ID	ID	Last Name	First Name	ARDRPT	ARDRSW	ARDRHHA	ARDRRT	ARDPREHAB	ARDNUTRI	ARDRO	ARDROT	ARDNONE	NARDRPC	NARDRC
3164					0	0	0	0	0	0	0	0	0	0
3165	633323 S [REDACTED]		Terry		0	0	0	0	0	-1	Cardiac Eval	0	0	0
3166					0	0	0	0	0	0	0	0	0	0

Person ID	ID	Last Name	First Name	NARDRH	NARDPAP	NARDRO	NARDROT	EdSmokingCess	EdDiet	EdBreathingTech	EdPhysioDM	EdPsychoDM	EdBenefits
3164				0	0	0		0	0	0	0	0	-1
3165	6333235	Terry		0	0	0		0	0	0	0	0	-1
3166				0	0	0		0	0	0	0	0	0

Person ID	ID	Last Name	First Name	EdOther	EdOtherT	EdOutReadBenefits	EdOutReadSigFindingFU	NoPCP
3164				0		FALSE	FALSE	0
3165	633323	[REDACTED]	Terry	0		FALSE	FALSE	0
3166				0		FALSE	FALSE	0

Person ID	ID	Last Name	First Name	PCPName	PCPTel	PCPAddress1
3164				Michael A Benedict MD	5099433196	945 Goethals Drive Suite 300
3165	633323	[REDACTED]	Terry	Dr. Pyffer[Steven]	2082633722	Kanisksu Health Services
3166				Dr. Gunther [REDACTED]	4062938711	211 E. 2nd St.

Person ID	ID	Last Name	First Name	PCPAddress2	PCPCity	PCPState	PCPZip	PCPConsent	PCPConsentNew	ResultsLetterSentPCP
3164					Richland	WA	99352	1		
3165	633323	S	Terry	1327 Superior St Libby Clinic	Sandpoint	ID		1		1
3166					Libby	MT	59923	1		

Person ID	ID	Last Name	First Name	PCPSentDate	PCPSentInitials	PCPpacketSentDate	ResultsLetterSentPt	PtSentDate	PtSentInitials	TARConsent	TARConsentNew
3164										1	
3165	633323	[REDACTED] r	Terry		MB			2/6/2013	tr	2	
3166	3166	[REDACTED]	[REDACTED]	2/6/2013	MB			2/6/2013	tr	1	

Person ID	ID	Last Name	First Name	TARInfoSent	TARSentDate	TARSentInitials	1st B-Read Sent	FedEx CXR	FedEx CXR Returned	CXR To Whom1	CXR To Whom2	1st B-Read Returned
3165							10/30/2014			Lynch		1/5/2015
3165	633323	S	Terry				8/28/2012	1661		1503 Meyer		9/13/2012
3165							8/30/2012	1919		1930 Parker		7/11/2012

Person ID	ID	Last Name	First Name	2nd B-Read Returned	B-reader Notes	Date CT Mailed	FedEx CT	FedEx CT Returned	CT to Whom1	Date CT Returned
3164						10/30/2014			Lynch	1/5/2015
3165	633323	S [REDACTED]	Terry			6/30/2012	9901	1350	Lynch	8/30/2012
3166	[REDACTED]					6/30/2012	9901	1350	Lynch	8/30/2012

Person ID	ID	Last Name	First Name	Post CT Notes
3164				
3165	633323	S [REDACTED]	Terry	diffuse noncalcified pleural thickening in the right posterior base No ARD
3166				

Person ID	ID	Last Name	First Name	Outside Study?
3164				
3165	633323	[REDACTED]	Terry	
3166				

Person ID	ID	Last Name	First Name	Outside CT read notes
3164				Right upper lung scarring.
3165	633323	[REDACTED]	Terry	
3166	633323	[REDACTED]	[REDACTED]	[REDACTED]

Person ID	ID	Last Name	First Name	Outside read reviewed	CXR Chk Num	CT Chk Num	PR1-X Chk Num	PR2-X Chk Num	PR3-X Chk Num	PR4-X Chk Num	PR1-CT Chk Num	PR2-CT Chk Num
3164				Previously Addressed	11983	11993	11457				11499	
3165	633323	[REDACTED]	Terry		9601	9288						
3166					9238	9288						

Person ID	ID	Last Name	First Name	Referrals made (to whom)	1st B-reader diagnosis of ARD	2nd B-reader diagnosis of ARD	3rd Reader Mailed	ToWhom3	3rd B-read Returned
3164									
3165	633323	S	Terry						
3166									

Person ID	ID	Last Name	First Name	3rd B-reader diagnosis of ARD	IS (parenchymal)	IS (pleural)	EP (parenchymal)	EP (pleural)	JP (parenchymal)	JP (pleural)	B disposition (parenchymal)
3164											
3165	633323	S [REDACTED]	Terry								
3166											

Person ID	ID	Last Name	First Name	B disposition (pleural)	LDS Referral	LDS Referral Name	LDS Referral Gift Sent	LDS Referral Gift Sent Date	Reader_Mailings_Hidden	Pcp_Results_Hidden
3164					FALSE				TRUE	FALSE
3165	633323	S [REDACTED]	Terry		FALSE				TRUE	FALSE
3166					FALSE				TRUE	FALSE

Person ID	ID	Last Name	First Name	Pre_7_1_2011_Screening	CXR InvoiceDate	CXR InvoiceID	CT InvoiceDate	CT InvoiceID
3164				FALSE				
3165	633323	S [REDACTED]	Terry	FALSE				
3166								

CARD CLINIC

NAME: Q [REDACTED], DAN
DATE OF BIRTH: [REDACTED]
DATE OF VISIT: 06.30.10

HPI: Dan is a 44-year-old gentleman seen for the first time in the CARD Clinic relating to his asbestos exposure. Dan grew up in Libby and went through the school system. He has continued to work in the community, initially working for Timberline Auto and now for an automobile body shop that his family owned. He does not report any dyspnea on exertion or cough or wheeze. He does have a sharp pain in the front of his right chest that has been there for years. It comes and is extremely sharp, and he has to stop doing what he is doing and usually gets into an upright position, walks around and takes a drink of water, and it seems to go away. It has awakened him from sleep and he has to get up and move around and once again will take a drink of water, and he always attributes that as improving the discomfort though he is always changing position from when the pain started. The pain usually subsides by simply changes in position.

He has a significant exposure to area asbestos playing in the ore piles. His brothers played baseball and he would be there at the games and play in the ore piles some, as far as he can remember. He does not recall how much and how often. He has had a significant problem, however, and more functional disturbance from pain in the joints of his hands and his wrists, both shoulders and both knees. He also has pain in the low neck posteriorly, as well as through the back and down to the low back. The pain is especially bad in the morning when he first wakes up, he will notice a lot of pain in his shoulders, and now so through his hands and wrists. It takes a half-hour to one hour to start feeling like he can move well. He continues to have pain through the day. He has been evaluated by Dr. VanBelois and there was no evidence at the time of autoimmunity, though he has not been able to follow up with her. He assumes it is related to wear and tear on his joints that is the cause of his pain.

SOCIAL HISTORY: Psychosocial problems have been significant for him. His wife had left him and is basically pretty much abandoned the visitation with the kids, and he has had to deal with the repercussions of that as well as being a working single dad.

OBJECTIVE: Blood pressure: Is 108/80. Pulse: Is 61 per minute. Pulse ox: Is 98% on room air. Weight is 187 pounds. In general, Dan is a healthy appearing adult male who does not show any signs of respiratory difficulties. He is a very pleasant gentleman.

HEENT: No acute abnormalities. Neck: Is supple, no adenopathy or masses. Heart: Regular rhythm, no murmurs. Lungs: Clear. Extremities: There is some mild swelling to the metacarpal phalangeal joints but range of motion seems to be present through the hands, wrists, and shoulders. Neurologic: Is intact.

RADIOLOGY: Chest x-ray: Suggestion of some possible pleural thickening on the right along the right chest wall, in the upper to mid-chest region.

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0331970



0001

PAGE: 2
NAME: Q [REDACTED] DAN
DATE OF VISIT: 06.30.10

PFTs: Within normal limits.

ASSESSMENT:

1. Significant Libby amphibole exposure with right pleuritic chest pain that has been chronic and highly suggestive of some chronic pleural inflammation.
2. Chronic musculoskeletal pain – his symptomatology at his age seems highly typical for just osteoarthritic pattern; it is very suspicious for an autoimmune phenomenon based on his description. His brother has very similar problems.

PLAN: Chest CT and we will follow up when this study is complete.

BB/r1 

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0331971
0002

07/01/10 12:39 AM (406)293-0138 The info contained in this fax is privileged and confidential and is intended for the sole use of the intended recipient. Page

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of

REPORT STATUS: Signed

Patient: Q [REDACTED] N.DANIEL K Date: 06/30/10
Patient BD: [REDACTED]/1966 Patient location: L.IMAGING Rm #:
Ordering Dr: BLACK, BRAD M.D.

CC:
BLACK, BRAD M.D.

✓

HISTORY:

HISTORY OF ASBESTOS EXPOSURE, CHEST PAIN

CHEST/CT SCAN WITHOUT CONTRAST:

No prior films are available for comparison.

The chest x-ray from 6/30/10, is essentially normal.

Routine unenhanced images were obtained through the chest.

No pleural based thickening or plaquing is noted.

No calcifications within the pleura are seen.

The lungs are clear.

There are no focal infiltrates. No interstitial fibrosis.

No pleural fluid. No plaques on either hemidiaphragm.

The heart is normal in size. There is no pericardial effusion.

The upper abdomen that is imaged is unremarkable.

IMPRESSION:

NORMAL CT SCAN OF THE CHEST.

Dictated by: STEPHEN BECKER, M.D.

IMAGING REPORT

NAME: Q [REDACTED], DANIEL K

MR#: M000021439

ACCT#: AA0000668155

Rpt#: 0630-0042

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332110
0003

CARD CLINIC

NAME: Q [REDACTED] DAN

DATE OF BIRTH: [REDACTED]

DATE OF VISIT: 07.01.10

SUBJECTIVE: Dan returns to the clinic after having a CT study done.

RADIOLOGY: Dan's CT study shows some limited pleural thickening in the posterior chest on the right, in the lower chest regions. And also a fibrous parenchymal band extending from the anterior right chest in the lower chest region, but without any pleural reaction noted. No parenchymal fibrosis is noted. The left chest cavity appears normal.

ASSESSMENT:

1. Significant Libby amphibole exposure with some very mild pleural changes in the posterior right chest, along with a prominent recurring pleuritic chest pain on the right, which most likely is related to his asbestos induced irritation of the pleura.
2. Generalized arthritis – he does not fit any diagnostic category and certainly this does not act like osteoarthritis. It is an inflammatory type of arthritis that has been with him for four to five years.

PLAN: I recommend he enroll in Medicare and should receive some FLASH benefits. He also should try Phenocaine two capsules twice a day to see if he would get some benefit from those for his general musculoskeletal pain. We will follow up in twelve months. He will contact me in about ten days to see how he has done on the medication.

BB/rb
(Signature)

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0331972
0004

Inland Imaging

Patient Report

PO Box 3868
Spokane, WA 99220
509.747.4455 Fax: 509.232.6130
www.inland-imaging.com

PATIENT: C [REDACTED], DAN
EXAM DATE: Jun-30-2010
REFERRING: CARD, FACILITY

TELEPHONE:
CLINIC-ALL ORGANIZATIONS

Rural Reading - Center for Asbestos Related Disease

1. Image Quality: 1 (0,1,2,3) If not grade 1, give reason;
- 2a. Are there any lung abnormalities present? No. (Yes, No) If No, go to 8a.

MRN: 01-81-12-58
EXAM #: 8931243

- 2b. Are there any well defined opacities present? No. (Yes, No) If No, go to #3.

DOB: [REDACTED]-1966
AGE: 44 Years

Predominant Size (Choose one)
P = 1.5 mm No (Yes, No)

DICTATED BY:
TEEL, GORDON MD
TRANSCRIBED ON:
Jul-20-2010
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TEEL, GORDON MD
INTERPRETED AND
AUTENTICATED BY:
TEEL, GORDON MD

Q = 1.5-3 mm No (Yes, No)

R = 3-10 mm No (Yes, No)

Zones/Profusion R L

U (0) (0) (0,1,2,3)
M (0) (0) (0,1,2,3)
L (0) (0) (0,1,2,3)

Sum Grade:

3. Are there any irregular and/or linear opacities present? No. (Yes, No) If No, go to #4.

Predominant Type (Choose one)
Intralobular: No (Yes, No)
Interlobular: No (Yes, No)
Reticular: No (Yes, No)

Grade R L

U (0) (0) (0,1,2,3)
M (0) (0) (0,1,2,3)
L (0) (0) (0,1,2,3)

Sum Grade:

4. Ground glass opacity present? No. (Yes, No) If No, go to #5.

Grade R L (1=25%, 2=25-50%, 3=50%)
U (0) (0)
M (0) (0)
L (0) (0)

5. Is there any honeycombing present? No. (Yes, No) If No, go to #6.

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Page 1 of 4

Name: C [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332106
0005

Exhibit 17-5



Patient Report

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www.inland-imaging.com

PATIENT: Q [REDACTED] DAN
EXAM DATE: Jun-30-2010
REFERRING: CARD, FACILITY

TELEPHONE:
CLINIC-ALL ORGANIZATIONS

Rural Reading - Center for Asbestos Related Disease

Grade R L (1=25%, 2=25-50%, 3=50%)

U (0) (0)
M (0) (0)
L (0) (0)

MRN: 01-81-12-58
EXAM #: 8931243

6. Emphysema present? No. (Yes, No) If No, go to #7.

Grade R L (1=25%, 2=25-50%, 3=50%)

U (0) (0)
M (0) (0)
L (0) (0)

DOB: [REDACTED]-1966
AGE: 44 Years

7. Are there large opacities present? 0. (0,A,B,C)

Zones

U (Right): U (Left):
M (Right): M (Left):
L (Right): L (Left):

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TEEL, GORDON MD
TRANSCRIBED ON:
Jul-20-2010
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TEEL, GORDON MD
INTERPRETED AND
AUTENTICATED BY:
TEEL, GORDON MD

8a. Are there any pleural abnormalities present? No. (Yes, No) If No, go to #10.

Predominant Type (Choose one)
W (parietal type) No (Yes, No)
(visceral type) No (Yes, No)
M (mediastinum) No (Yes, No)
D (diaphragm) No (Yes, No)

Extent/Width R L

U (0) (0) (0,1,2,3)
(0) (0) (0,a,b,c)
M (0) (0) (0,1,2,3)
(0) (0) (0,a,b,c)
L (0) (0) (0,1,2,3)
(0) (0) (0,a,b,c)

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8b. Is there rounded atelectasis? 0. (0,1,2,3)

9a. Are any pleural calcifications present? No. (Yes, No) If No, go to #10.

9b. Location? 0. (0,W,M,D)

Page 2 of 4

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332107
0006

Exhibit 17-6

Inland Imaging

Patient Report

PO Box 3868
Spokane, WA 99220
509.747.4455 Fax: 509.232.6130
www.inland-imaging.com

PATIENT: C [REDACTED] H, DAN
EXAM DATE: Jun-30-2010
REFERRING: CARD, FACILITY

TELEPHONE:
CLINIC-ALL ORGANIZATIONS

Rural Reading - Center for Asbestos Related Disease

10. Symbols: 0.

MRN: 01-81-12-58

11a. Are non-calcified nodules present? No. (Yes, No) If No, go to #12.

EXAM #: 8931243

11b. Number of nodules present:

DOB: [REDACTED]-1966

11c. Maximum diameter of nodules (mm):

AGE: 44 Years

12. Other comments: The lung parenchyma is normal. There is no evidence of interstitial lung disease. The pleura is normal. The trachea and central airways are normal. The heart, pericardium and great vessels are normal, and there is no mediastinal or hilar adenopathy. There is no supravacicular or axillary adenopathy and the soft tissues of the chest wall are unremarkable. The thoracic spine, ribs, clavicles, sternum, scapulae and visualized portions of the proximal humeri are unremarkable. Visualized structures in the upper abdomen are unremarkable.

DICTATED BY:
TEEL, GORDON MD
TRANSCRIBED ON:
Jul-20-2010
RELEASED BY:
TEEL, GORDON MD
INTERPRETED AND
AUTENTICATED BY:
TEEL, GORDON MD

IMPRESSION:

Negative unenhanced chest CT.

There are no lung abnormalities consistent with asbestos exposure.
There are no pleural abnormalities consistent with asbestos exposure.

Reader Initials: GT

Date of Reading:

4-Digit image ID, as read from image (not from label):

O = none
AX = Coalescence of small pneumoconiotic opacities
BT = Bronchiectasis; all types, including traction bronchiectasis
BR = Bronchial wall thickening
BU = Bullae, additional information on emphysema
CA = Lung cancer
CG = Calcified granuloma
CV = Cavity, central necrosis, liquid and/or air containing

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Page 3 of 4

Name: C [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332108
0007

Inland Imaging

Patient Report

PO Box 3868
Spokane, WA 99220
509.747.4455 Fax: 509.232.6130
www.inland-imaging.com

PATIENT: QU [REDACTED] DAN
EXAM DATE: Jun-30-2010
REFERRING: CARD, FACILITY

TELEPHONE:
CLINIC-ALL ORGANIZATIONS

Rural Reading - Center for Asbestos Related Disease

DI = Distortion of intrathoracic structures and organs
DO = Dependant opacity
EF = Effusion, free or loculated pleural fluid
ES = Eggshell calcification of hilar and/or mediastinal lymph nodes
FP = Fat Pad, extrapleural/subcostal fat
FR = Fractured rib(s)
HI = Enlargement of hilar and/or mediastinal lymph nodes, >1.5-2cm
ME = Malignant mesothelioma of the pleura, the pericardium or the peritoneum
MP = Mosaic pattern
OD = Other disease; comment included
PB = Parenchymal band, due to pleuroparenchymal scars, longer >2cm, thicker >1mm
RA = Rounded atelectasis
TB = Tuberculosis

MRN: 01-81-12-58
EXAM #: 8931243
DOB: [REDACTED] 1966
AGE: 44 Years
DICTATED BY:
TEEL, GORDON MD
TRANSCRIBED ON:
Jul-20-2010
RELEASED BY:
TEEL, GORDON MD
INTERPRETED AND AUTHENTICATED BY:
TEEL, GORDON MD

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Page 4 of 4

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332109
0008

Exhibit 17-8

Environmental Health Hazards Checklist

Medicare Coverage for Individuals Exposed to Environmental Health Hazards

Step 1: Identify the individual. (Completed by the field office.)		
First Name – Middle Initial – Last Name	Daniel K Q	Date of Birth
Social Security Number	[REDACTED]	
Step 2: Identify the asbestos-related condition(s) and its date of diagnosis. (Completed by the provider.)		
Check the box next to the diagnosed impairment(s) and print the date of diagnosis.		
Impairment	Diagnosis Code	Minimum Medical Evidence Required
<input type="checkbox"/> Asbestosis	5010	Interpretation by a B reader qualified physician of a plain chest x-ray <u>or</u> interpretation of computed tomographic radiograph of the chest by a qualified physician
<input checked="" type="checkbox"/> Pleural thickening	5010	Interpretation by a B reader qualified physician of a plain chest x-ray <u>or</u> interpretation of computed tomographic radiograph of the chest by a qualified physician
<input checked="" type="checkbox"/> Pleural plaques		
<input type="checkbox"/> Mesothelioma	1630	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage <u>or</u> bronchoscopy report
<input type="checkbox"/> Malignancy of the lung	1620	Established by pathologic examination of biopsy tissue, cytology from bronchioalveolar lavage <u>or</u> bronchoscopy report
<input type="checkbox"/> Malignancy of the colon	1530	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the rectum	1530	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the larynx	1950	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the stomach	1510	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the esophagus	1500	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the pharynx	1950	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the ovary	1830	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage
<input type="checkbox"/> Individual does not have an impairment listed above		
Date of Diagnosis:	7-1-10	

Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider.)		
This individual was present in Lincoln County, Montana, during the following time period(s):	1968 - present	
Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (SSA will develop presence.)		

Printed Name	Physician's Signature	Date
Brad Black, MD	Brad Black, MD	7-1-10

Name: Q [REDACTED], Daniel

DOB: [REDACTED]

Date:

CARD-ASB0331954
0009



Benefits

Patient Name: Daniel Q [REDACTED]
Date of Birth: [REDACTED] 1966
Encounter Date: 06/01/2016

EHH: 07/01/2010

Pulse Oximeter: No

Improved Access: No

Completed by:
Miller, Miles 06/01/2016 1:30 PM

Document Generated By: Timothy Stuckey 06/01/2016 01:30 PM

CARD-ASB0331915
0010



214 East 3rd Street
Libby, Montana 59923
ph: (406)293-9274
fax: (406)293-9280
www.libbyasbestos.org

Authorization to Disclose Protected Health Information

Date: 7-1-10 Authorization #: _____
 Patient Name: Daniel K O _____
 Date of Birth: 10-06-66 SSN: _____

Information to be released from:

Center for Asbestos Related Disease
214 East 3rd Street
Libby, MT 59923

This information may be given to and used by the following individual or organization:

Information to be used for the purpose of:
 Requested by Patient Other: _____

Name: Social Security Administration
 Address: Kalispell, MT

Disclosure Method
 Pickup Mail
 Fax #: (406) 756-1831
 Other: _____

I authorize the use or disclosure of the above named individual's health information as described below.

Information to be released:

All Records of Treatment from: _____ to: _____
 Entire (Complete Record)
 History & Physical Report
 Medication Record
 Allergy List

Physician's Orders
 X-ray Reports
 Consultation Report
 Progress Notes
 Drug/Alcohol Information
 Operative Report

Lab Results
 Psychiatry Information
 Immunization Report
 HIV Results
 Other checklist and other necessary documentation related to Medicine

- I understand that the information in my health record may include information relating to sexually transmitted disease, behavioral or mental health services, and treatment for alcohol and drug abuse.
- I understand there will be a charge for copying records.
- I understand that if the person or entity that receives the information is not a health care provider or a health plan covered by the federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand that I may inspect or copy the information to be used or disclosed, as provided in the federal privacy regulations.
- Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____
 If I fail to specify an expiration date, event or condition, this authorization will expire in six months.
- I understand that I may revoke this authorization in writing at any time by contacting the Privacy Officer at (293-9274) _____
- I understand that this revocation does not apply to information that has already been released in response to this authorization.
- Failure to sign this authorization
 - Will have no adverse impact on delivery of care or reimbursement of patient charges
 - Will have the following adverse impact: _____



Signature of Patient or Legal Representative

Date

If signed by Legal Representative,
 Relationship to Patient

Signature of Witness

For Office Use Only: Copied by:	<input type="checkbox"/> Check ID Type: _____ Date Copied:	Amount Received: _____
------------------------------------	---	------------------------

* I revoke (cancel) this Authorization to Disclose Health Information previously signed on _____ Date _____

Cancellation Signature: _____ Date: _____

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332139

0011

03.12.18 13:16:36 Social Security Admin

HelpDesk#:8776974889 Page 1/4

C A R D CLINIC
MEDICAL RECORDS
214 E 3RD ST
LIBBY, MT 59923

DANIEL KEVIN Q [REDACTED]

SSN: [REDACTED] /
20181203700081
MAG752

COVER SHEET INSTRUCTIONS

**THIS PAGE MUST BE ON TOP OF YOUR REPORT WHETHER
YOU FAX IT OR MAIL IT.**

YOU MAY FAX YOUR REPORT AND/OR RECORDS TO

1-866-683-2367

**PLEASE DO NOT ENCLOSE REPORTS OR
RECORDS ON MORE THAN ONE PERSON AT A
TIME. PLEASE PLACE THIS "COVER SHEET"
PAGE ON TOP OF EACH SET OF MEDICAL
RECORDS.**

SSA HAS A CONTRACT WITH ACS IN SALT LAKE CITY TO SCAN
MEDICAL RECORDS SO THEY ARE PART OF THE CLAIMANT'S
ELECTRONIC FOLDER IF YOU DO NOT WANT TO FAX THEM.

10 pgs total
5 pgs billed
12-5-18
JW

MAIL OR FAX DOCUMENTS. DO NOT DO BOTH!
**IF MAILING, SLIDE THIS PAGE AND RECORDS INTO THE
BUSINESS REPLY ENVELOPE.**

270037896# 52760 20181203700081

S29 MT DDS HELENA MT
STATE OF MONTANA
PO BOX 30720
SALT LAKE CITY UT 84130-9815



RQID:LMT00010KIB00 SITE:S29 DR:S
SSN: [REDACTED] DOCTYPE:0001 RF:D CS:67a3

Name: Q [REDACTED], Daniel

DOB: [REDACTED]1966

Date:

CARD-ASB0332128
0012

03.12.18 13:17:45 Social Security Admin HelpDesk#:8776974889 Page 2/4

**Department of Public Health and Human Services**Disability Employment and Transition Division • 2550 Prospect Ave Helena, MT 59604-4189
Voice: (406) 444-3054 • Toll Free: (800) 545-3054 • Fax: (866) 683-2367

Steve Bullock, Governor

Sheila Hogan, Director

CARD CLINIC
MEDICAL RECORDS
214 E 3RD ST
LIBBY, MT 59923

December 3, 2018

DANIEL KEVIN Q [REDACTED]
LIBBY MT 59923

SSN: [REDACTED]

TAX ID: [REDACTED]

ST ID: 52760

AUTH: 20181203700081

DOB: [REDACTED] 1966

REQUEST FOR INFORMATION

Our agency is determining this person's eligibility for disability benefits. Please provide copies of the records requested for the following dates: June 2018 to present

Include the following information:

- * Office notes
 - * Consultations
 - * PFS (pulmonary function studies), spirometry, results & tracings
 - * EKG Tracings (resting/stress)
- We will pay up to \$25.00 for your records.

INVOICE	
Date:	12-5-18
Tax-ID/SSN:	[REDACTED]
Amount Due:	[REDACTED]
Make Payable to:	[REDACTED]
Signature	[REDACTED]
VENDOR TAX ID OR SSN MUST BE ON THIS BILL	

CHECK HERE IF NO RECORDS ARE AVAILABLE

Fill out the information in the box above and return this page with the records. It will serve as an invoice. Place this page and records behind the bar code page. Faxing to 866-683-2367 will expedite receipt of records.

Is the treating provider willing to perform a consultative exam if needed? _____

Include a current W-9 if you are a new vendor, or your name, address, or Tax ID changed.

MAGGI
Disability Determination Services
mag752/D0050

FAX

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332129
0013

03.12.18 13:18:06 Social Security Admin

HelpDesk# 8776974889 Page 3/4

Q [REDACTED] DANIEL [REDACTED]
 [REDACTED] 1966
 [REDACTED]

11/23/2018

WHOSE Records to be Disclosed		Form Approved OMB No. 0960-0421	
NAME (First, Middle, Last, Suffix) Daniel K [REDACTED]			
SSN	[REDACTED]	Birthday (mmddyy)	/66

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):
OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) *including, and not limited to:*
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction impairment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DOS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

CARD CLINIC
LIBBY, MT 59923

Please see attached request.
June 2018 to present

TO WHOM The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability, and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY If not signed by subject of disclosure, specify basis for authority to sign
INDIVIDUAL authorizing disclosure

SIGN *Electronically Signed By:*
Daniel K Q [REDACTED]

(Parent/guardian/personal representative sign here if two signatures required by State law)

Date Signed 11/29/18	Street Address [REDACTED]		
Phone Number (with area code) 406 [REDACTED]	City Libby	State MT	ZIP 59923

WITNESS I know the person signing this form or am satisfied of this person's identity:

SIGN *If needed, second witness sign here (e.g., if signed with "X" above)*
SIGN *Phone Number (or Address)*

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S.C. section 290dd-2; 42 CFR part 2; 38 U.S.C. section 7332; 38 CFR 1.475; 20 U.S.C. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-827 (11-2012) af (11-2012) Use 4-2009 and Later Editions Until Supply is exhausted

Page 1 of 2

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332130

0014

Exhibit 17-14

03.12.18 13:18:47 Social Security Admin

HelpDesk#:8776974889 Page 4/4

**Explanation of Form SSA-827,
"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you. SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide to decide you claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

**Privacy Act Statement
Collection and Use of Personal Information**

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382(c)(3)(H)(i), 1383(d)(1) and 1383(c)(1)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you give us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089; Master Beneficiary Record, 60-0090; Supplemental Security Income record and Special Veterans benefits, 60-0103; and Electronic Disability (eDIB) Claims File, 60-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

04.06.18 12:05:49 Social Security Admin

HelpDesk#:8776974889 Page 1/5

C A R D CLINIC
MEDICAL RECORDS
214 E 3RD ST
LIBBY, MT 59923

DANIEL KEVIN Q [REDACTED]

SSN: [REDACTED] /
20180604700058
BEL097

COVER SHEET INSTRUCTIONS

**THIS PAGE MUST BE ON TOP OF YOUR REPORT WHETHER
YOU FAX IT OR MAIL IT.**

YOU MAY FAX YOUR REPORT AND/OR RECORDS TO

1-866-683-2367

**PLEASE DO NOT ENCLOSE REPORTS OR
RECORDS ON MORE THAN ONE PERSON AT A
TIME. PLEASE PLACE THIS "COVER SHEET"
PAGE ON TOP OF EACH SET OF MEDICAL
RECORDS.**

SSA HAS A CONTRACT WITH ACS IN SALT LAKE CITY TO SCAN
MEDICAL RECORDS SO THEY ARE PART OF THE CLAIMANT'S
ELECTRONIC FOLDER IF YOU DO NOT WANT TO FAX THEM.

18 PGS total
13 PGS billed [REDACTED]
4/2/18 MR

MAIL OR FAX DOCUMENTS. DO NOT DO BOTH!

**IF MAILING, SLIDE THIS PAGE AND RECORDS INTO THE
BUSINESS REPLY ENVELOPE**

270037896# 52760 20180604700058

S29 MT DDS HELENA MT
STATE OF MONTANA
PO BOX 30720
SALT LAKE CITY UT 84130-9815



RQID:LMT0001MMHY00 SITE:S29 DR:S
SSN: [REDACTED] DOCTYPE:0001 RF:D CS:e985

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332134
0016

04.06.18 12:06:58 Social Security Admin

HelpDesk#:8776974889 Page 2/5

**Department of Public Health and Human Services**Disability Employment and Transitions Division • 2550 Prospect Ave Helena, MT 59604-4189
Voice: (406) 444-3054 • Toll Free: (800) 345-3054 • Fax: (866) 683-2367

Steve Bullock, Governor

Sheila Hogan, Director

CARD CLINIC
MEDICAL RECORDS
214 E 3RD ST
LIBBY, MT 59923

June 4, 2018

DANIEL KEVIN C. [REDACTED]
[REDACTED]
LIBBY MT 59923

SSN: [REDACTED]

TAX ID: 270037896#

ST ID: 52760

AUTH: 20180604700058

DOB: [REDACTED]/1966

REQUEST FOR INFORMATION

Our agency is determining this person's eligibility for disability benefits. Please provide copies of the records requested for the following dates: 04/2017 to current

Include the following information:

Office Notes & Consultations
Imaging reports: x-rays, MRI, CT scans
EKG Tracing (resting/stress)
Pulmonary Function Studies, spiroometry, results,
tracings
Lab reports
EEG reports
Current mental status/psychological reports
Statement of opinion on claimant's ability to
perform work related activities.
We will pay up to \$25.00 for your records.

INVOICE	
Date:	[REDACTED]
Tax-ID/SSN:	[REDACTED]
Amount Due:	[REDACTED]
Make Payable to:	[REDACTED]
Signature	[REDACTED]
VENDOR TAX ID OR SSN MUST BE ON THIS BILL	

CHECK HERE IF NO RECORDS ARE AVAILABLE _____

Fill out the information in the box above and return this page with the records, it will serve as an invoice. Place this page and records behind the bar code page. Faxing to 866-683-2367 will expedite receipt of records.

Is the treating provider willing to perform a consultative exam if needed? _____

Include a current W-9 if you are a new vendor, or your name, address, or Tax ID changed.

BELINDA
Disability Determination Services
bel097/DMED

FAX

Name: [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332135
0017

04.08.18 12:07:20 Social Security Admin

HelpDesk#:8776974889 Page 3/5

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332136
0018

04.06.18 12:07:27 Social Security Admin

HelpDesk#:8776974889 Page 4/5

WHOSE Records to be Disclosed		Form Approved OMB No. 1655-0003	
NAME (First, Middle, Last, Suffix)			
Daniel [REDACTED] Q			
SSN [REDACTED]		Birthday (mm/dd/yy)	66
5/25/2018			

**AUTHORIZATION TO DISCLOSE INFORMATION TO
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) of what All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) *including, and not limited to:*
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 184.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM THIS BOX TO BE COMPLETED BY SSA/DOS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

CARD CLINIC
LIBBY, MT 59923

Please see attached request.
04/2017 to current

TO WHOM The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits

Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be disclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask, I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY IF not signed by subject of disclosure, specify basis for authority to sign
INDIVIDUAL authorizing disclosure

SIGN ➤ Electronically Signed By:
Daniel [REDACTED] C

(Parent/guardian/personal representative sign here if two signatures required by State law) ➤

Date Signed 05/31/18	Street Address [REDACTED]		
Phone Number (with area code) 406 [REDACTED]	City LIBBY	State MT	ZIP 59923

WITNESS I know the person signing this form or am satisfied of this person's identity:

Attested by SSA or Designated State Agency Employee: If needed, second witness sign here (e.g., if signed with "X" above)

SIGN ➤ S Petersen

Phone Number (or Address)
888-487-0150 KALISPELL, MT 59901-3408

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S.C. section 290dd-2; 42 CFR part 2; 38 U.S.C. section 7332; 38 CFR 1.475; 20 U.S.C. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-827 (11-2012) ed. (11-2012) Use 4-2009 and Later Editions Until Supply Is Exhausted

Page 1 of 2

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332137

0019

Exhibit 17-19

04.06.18 12:08:05 Social Security Admin

HelpDesk# 8776974889 Page 5/5

**Explanation of Form SSA-827,
"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you. SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

**Privacy Act Statement
Collection and Use of Personal Information**

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382(c)(a)(3)(H)(i), 1383(d)(1) and 1383(e)(1)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

- 1 To enable a third party or an agency to assist us in establishing rights to Social Security benefits within coverage;
- 2 To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
- 3 To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
- 4 To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089; Master Beneficiary Record, 60-0G90; Supplemental Security Income record and Special Veterans benefits, 60-0103; and Electronic Disability (eDIB) Claims File, 60-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

22.06.18 06:26:17 Social Security Admin

HelpDesk#:8776974889 Page 1/1



Department of Public Health and Human Services
Disability Employment and Transitions Division • 2350 Prospect Ave Helena, MT 59604-4189
Voice: (406) 444-3054 • Toll Free: (800) 545-3054 • Fax: (406) 683-2367

Steve Bullock, Governor

Sheila Hogan, Director

June 22, 2018

CARD CLINIC
MEDICAL RECORDS
214 E 3RD ST
LIBBY, MT 59923

Re: DANIEL C [REDACTED]
SSN: [REDACTED]
AUTH: 20180604700058

I am developing the above person's claim for Social Security disability benefits.

I sent you a request for information 2 weeks ago, but you have not returned the information.

Please give my request consideration so I may complete the decision on this claim.

Please disregard this letter if you have already sent the information.

BELINDA
Disability Determination Services

Phone: 800-545-3054 or 444-3054 (local)

D0110/dmaprd
0075552A
0255054 0001

6/18 request processed
→ mailed June
4, 2018 please
call ↓ you need
us to process
again. thanks
Liz Vicarues
293-9274

Name: Q [REDACTED], Daniel

DOB: [REDACTED]

Date:

CARD-ASB0332133
0021

Authorization to Disclose Protected Health Information

Date: 9-26-18 Authorization #: _____
 Patient Name: Daniel Q.
 Date of Birth: 10/10/66 SSN: _____
 Information to be released from: Montana Center for Wellness & Pain Management
F:(406) 257-4663

This information may be given to and used by the following individual or organization:

Information to be used for the purpose of:
 Requested by Patient Other: _____

Center for Asbestos Related Disease
 214 East 3rd Street
 Libby, MT 59923

Disclosure Method
 Pickup Mail
 Fax #: (406) 293-9280
 Other: _____

I authorize the use or disclosure of the above named individual's health information as described below.

Information to be released:

All Records of Treatment from: May 2018 to _____
 Entire (Complete Record)
 History & Physical Report
 Medication Record
 Allergy List

Physician's Orders
 X-ray Reports
 Consultation Report
 Progress Notes
 Drug/Alcohol Information
 Operative Report

Lab Results
 Psychiatry Information
 Immunization Report
 HIV Results
 Other: _____

- I understand that the information in my health record may include information relating to sexually transmitted disease, behavioral or mental health services, and treatment for alcohol and drug abuse.
- I understand there will be a charge for copying records.
- I understand that if the person or entity that receives the information is not a health care provider or a health plan covered by the federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand that I may inspect or copy the information to be used or disclosed, as provided in the federal privacy regulations.
- Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____
 If I fail to specify an expiration date, event or condition, this authorization will expire in six months.
- I understand that I may revoke this authorization in writing at any time by contacting the Privacy Officer at (293-9274) _____
- I understand that this revocation does not apply to information that has already been released in response to this authorization.
- Failure to sign this authorization
 - Will have no adverse impact on delivery of care or reimbursement of patient charges
 - Will have the following adverse impact: _____

D [REDACTED]
 Signature of Patient or Legal Representative

9/26/18
 Date

If signed by Legal Representative,
 Relationship to Patient

Signature of Witness

For Office Use Only: Copied by:	<input type="checkbox"/> Check ID Type: _____ Date Copied: _____	Amount Received: _____
------------------------------------	---	------------------------

• I revoke (cancel) this Authorization to Disclose Health Information previously signed on _____

Cancellation Signature: _____ Date: _____

FAXED
9-27-18 Ls

Name: Q [REDACTED], Daniel DOB: [REDACTED] 1966 Date: _____

CARD-ASB0332132
 0022

CARD CLINIC

NAME: Q [REDACTED], DAN
DATE OF BIRTH: [REDACTED]
DATE OF VISIT: 12.21.10

SUBJECTIVE: Dan returns to the clinic for follow up. He is continuing to have quite a bit of anterior right chest pain; it is sharp in character and is fairly significant on a scale of one to ten. He wakes up with it most days. In addition to this he has quite a bit of shoulder and elbow pain, and also pain in the feet when walking in the morning. He has had a previous rheumatologic evaluation several years ago and was told he had osteoarthritis, but he has felt like the pain has gotten progressively worse and involves more joints than it did at that time. His chest discomfort has been there for a number of years but bothers him more often now.

OBJECTIVE: Blood Pressure: Is 112/64. Pulse: Is 66 per minute. Pulse ox: Is 98% on room air. In general, Dan appears uncomfortable today. He is in no acute distress.

HEENT: No acute abnormalities. Neck: Is supple, no adenopathy or masses. Heart: Regular rhythm. Normal first and second heart sound. Lungs: Clear. Extremities: He does have reasonable range of motion though is slow to move joints. Neurologic: Is intact grossly.

ASSESSMENT:

1. Asbestos related disease with right pleural pain, which most likely is related to his asbestos disease.
2. Generalized musculoskeletal pain – there maybe some osteoarthritis but this seems to have advanced since his initial rheumatology evaluation.

PLAN: I placed him on a fentanyl patch at 70 mcg/h. He has been on oxycodone 15 mg q3-4h. and it has not controlled his pain well. Also we will arrange to have an autoimmune antibody screening done. We will contact him for to have that test completed.

BB/r1

[Signature]

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0331978
0023

FLASH APPLICATION
Federal Libby Asbestos Specialty Healthcare Benefits

Third Party Administrator –
New West Health Services
P.O Box 548
Kalispell, MT 59903
1-877-889-8405

[Handwritten Signature]

Have you been diagnosed with an asbestos related disease? Yes No

Check the box next to the appropriate diagnosis.

- Asbestosis or pleural thickening or pleural plaques identified on chest x-ray by 1 B-reader
 Asbestosis or pleural thickening or pleural plaques identified on CT by qualified physician
 Asbestos related cancers which include the following: mesothelioma, and cancers of the lung, pharynx, larynx, esophagus, stomach, colon, rectum, and ovary

Attach Medicare or FLASH Environmental Health Hazard Checklist signed by physician

If your medical records (with the signing physician) do not date prior to March 23, 2010, attach documentation of presence in Lincoln County for a total of at least six months, 10 years prior to the date of this application.

Are you insured by Medicare or Medicaid? Yes No
If yes, please provide the following information:

Policy Number: 517942348T Eff. Date 8/1/10

Circle all that apply: Part A Part B Part D

Specify Prescription Drug Plan _____

Are you insured by any other medical insurance, group or individual? Yes No
If yes, please provide the following information:

Company Name: _____ Policy #: _____ Effective Date: _____

Primary Insured: _____ Dependents Insured: _____

[Signature]
Applicant's Signature

10/14/10
Date

Dan Q
Applicant's Name (printed)

08/16/2010 NOTE: CARD Screening application must be attached to verify exposure and latency, unless applicant has documentation of previous participation in ATSDR screenings done in Libby, MT.

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0331950
0024

mood and affect.

Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
Carbonmonoxide Diffusing Capacity					normal		
CHEST X-RAY, SINGLE				normal	No obvious pleural or interstitial abnormalities. No obvious acute cardiopulmonary issues. Sharp costophrenic angles.	Stable from 2013	

Assessment/Plan

#	Detail Type	Description
1.	Assessment Impression	Dyspnea (R06.00). Acute/subacute DOE s/p CVA several weeks ago. He is roughly 1-2 weeks s/p D/C for the CVA and on anticoagulation therapy (self reported) for which I can't confirm. I don't have any notes from the hospital stay but do have access to the imaging indicating he had multiple foci B/L. Negative U/S of B/L lower limbs for clots. Patient did not appear to be SOB at rest in the office. CXR with no obvious cause for acute DOE. A 6 minute walk test revealed oxygen saturation between 92-96% with HR in the 90s. PFT and associated DLCO was normal and stable making a diagnosis of PE more unlikely. In addition, he reports being very compliant with his anticoagulation therapy. I am unable to assess his cardiac function and have no access to any previous echocardiogram to substantiate the presence of and ASD or PFO. Due to these unknowns, I have again recommended he go now to the urgent care or the ER here at CPMC for further workup of the heart or lungs as necessary. I've explained to the patient that I can't do much more from our office and that he could possibly have a serious reason for his DOE that should be checked further especially with the events of the last 3 weeks. He indicated understanding but tells me he will probably not go to the urgent care or ER unless he feels worse. I again recommended he reconsider. He promised to think about it and to keep his appointment with his PCP.. Further diagnostic evaluations ordered today include(s) Chest X-ray; AP (single view) to be performed today. He will be scheduled for Spirometry today.
2.	Assessment	CVA (434.91).
3.	Assessment Impression	Other specified pleural conditions (J94.8). I am unable to appreciate significant pleural thickening on CXR today nor any obvious plaquing/interstitial abnormalities as noted previously on his exams. I will see him in a year or sooner if he has problems or is unable to get into see his other providers..
	Plan Orders	Further diagnostic evaluations ordered today include(s) Chest X-ray; AP (single view) to be performed in 1 Year. He will be scheduled for Spirometry in 1 Year, Carbonmonoxide Diffusing Capacity in 1 Year and Thoracic Gas Volume in 1 Year. He is to schedule a follow-up visit with Kevin Payne, DO for Chronic ARD F/U 1 Year.
4.	Other Orders	Orders not associated to today's assessments.
	Plan Orders	The patient had the following procedure(s) completed today: Carbonmonoxide Diffusing Capacity.

Q [REDACTED], Daniel K. 000000459312 [REDACTED] 1966 05/22/2018 09:30 AM 3/4

0025
CARD-ASB0331920

08/26/11 10:58 SJLH (406)293-0138 The info contained in this fax is privileged and confidential and is for the sole use of the intended recipient. Page

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: Q [REDACTED], DANIEL K Date: 08/24/11
Patient BD: [REDACTED] 1966 Patient location: L.IMAGING Rm #:
Ordering Dr: BLACK, BRAD M.D.

CC:
BLACK, BRAD M.D.

✓

File Date: 08/24/2011

HISTORY:
PLEURAL PLAQUING

CHEST/SINGLE VIEW:
Compared with the previous chest x-ray from 6/30/2010.

The heart appears normal in size and configuration.

The lungs are clear.

The bony structures are unremarkable.

IMPRESSION:
NORMAL CHEST, NO EVIDENCE TO SUGGEST PREVIOUS ASBESTOS EXPOSURE, STABLE FROM THE
PREVIOUS EXAM OF JUNE OF 2010.

Dictated by: STEPHEN BECKER , M.D.

<<Signature on

File>>

Electronically signed by: BECKER, STEPHEN ,

M.D.

08/26/11 1056

BECST/PLW
08/25/11 0918 08/25/11 1153

IMAGING REPORT - MEDITOR

NAME: Q [REDACTED] DANIEL K
Rpt#: 0825-0026

MR#: M000021439

ACCT#: AA0000709353

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332112
0026

09/19/2013 15:55 4862-293-7770

SJLH MED RECORDS

PAGE 01/01

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: Q [REDACTED], DANIEL K Date: 08/28/12
Patient BD: [REDACTED] 1966 Patient location: L.IMAGING Rm #:
Ordering Dr: BLACK, BRAD M.D.

CC:
BLACK, BRAD M.D.

File Date: 08/28/2012
PROCEDURE: CHEST: SINGLE VIEW
INDICATIONS: HISTORY OF PLEURAL PLAQUING.
COMPARISON: Previous chest x-ray from 08/24/2011.

FINDINGS: The heart appears normal in size and configuration. The lungs are clear. The bony structures are unremarkable.

CONCLUSION:
NORMAL CHEST. NO SIGNIFICANT CHANGE FROM AUGUST 2011.

Dictated by: STEPHEN BECKER , M.D.

<<Signature on File>>

STEPHEN , M.D.
1010

Electronically signed by: BECKER,

08/29/12

BECST/w6
08/28/12 1352 08/29/12 0815

IMAGING REPORT - MEDITOR

NAME: Q [REDACTED], DANIEL K MR#: M000021439 ACCT#: AA0000746514
Rpt#: 0829-0003

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332111
0027

.9:17 SJLH (406)293-0138 The info contained in this fax is privileged and confidential and for the sole use of the intended recipient

ST JOHN'S LUTHERAN HOSPITAL
350 LOUISIANA AVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: Q [REDACTED], DANIEL K Date: 09/24/13
Patient BD: [REDACTED] 1966 Patient location: L.IMAGING Rm #:
Ordering Dr: BOLTZ, MICHELLE L FNP

cc:
BOLTZ, MICHELLE L FNP

MBS 10/11/13

PROCEDURE: PA VIEW OF CHEST

COMPARISON: ST JOHN'S LUTHERAN HOSPITAL, RAD, CHEST, SINGLE VIEW, 8/28/2012, 12:57. ST JOHN'S LUTHERAN HOSPITAL, RAD, CHEST, SINGLE VIEW, 8/24/2011, 15:54. ST JOHN'S LUTHERAN HOSPITAL, CT, CHEST W/O CONTRAST, 6/30/2010, 11:23.

INDICATIONS: Pleural plaquing.

FINDINGS: PA view of the chest demonstrates no significant cardiac enlargement or pulmonary vascular congestion. There is slight elongation of the thoracic aorta. No focal infiltrates or pleural effusion identified. No significant pleural thickening is seen.

CONCLUSION: Stable unremarkable PA view of the chest.

Dictated by: Anders G. Engdahl, MD, on 9/24/2013 at 14:55

Transcribed by: JB on 9/25/2013 at 6:42

Electronically Signed by: Anders G. Engdahl, M.D. on 9/25/2013 at 21:12

Dictated by: ANDERS G ENGDAHL M.D., M.D.

Electronically signed by: ENGDAHL, ANDERS G M.D., M.D.
09/27/13 1915

ENGAN/jb
09/23/13 1455 09/25/13 0642

IMAGING REPORT - MEDITOR

NAME: Q [REDACTED], DANIEL K MR#: M000021439 Rpt#: 0927-0034
ACCT#: AA0000788430

✓

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332117
0028

MAY/22/2018/TUE 04:36 PM CPHIM

FAX No. 406 293 7770

P.011/031

Cabinet Peaks Medical Center
209 Health Park Drive
Libby, MT 59923
(406)-283-7000

X-Ray Report
Signed 0406-0002

Patient: Q [REDACTED], Daniel K
DOB: [REDACTED] 1966
Age/Sex: 52 / M
Patient Location: ED /
Attending Physician:
Ordering Physician: NICOLETTTO, JOSEPH M.D.

MR #: M000021439
Acct #: C00001054925
Admit Date: 04/05/18
Order Number: 0405-0032
Accession Number(s): A0000025105

cc:
NICOLETTTO, JOSEPH M.D.

PROCEDURE: RADIOGRAPH: CHEST, AP PORTABLE (SINGLE VIEW)

COMPARISON: 09/24/2013; 08/28/2012

INDICATIONS: Chest pain.

FINDINGS:

The AP of chest is performed. Hypoventilation. Eventration right hemidiaphragm. No infiltrate, nodules, effusion or pneumothorax. The cardiomediastinal structures are satisfactory. Normal pulmonary vascularity.

CONCLUSION:

Hypoventilatory but otherwise negative portable chest.

Dictated by: Patrick McDonnell, M.D. on 4/05/2018 at 20:20

Transcribed by: TB on 4/06/2018 at 1:25

Electronically Signed by: Patrick McDonnell, M.D. on 4/06/2018 at 19:37

Dictated By: McDonnell, Pat J MD
Signed By:

Dictated By: McDonnell, Pat J MD

Signed By: 04/06/18 1937

X-Ray Report 0406-0002

Patient Name: Q [REDACTED], Daniel K

Acct #: C00001054925

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332115
0029

Electronically Signed By: Payne, Kevin DO 05/23/2018 12:24:15 PM
05/22/18 14:42 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 1

Cabinet Peaks Medical Center
209 Health Park Drive
Libby, MT 59923
(406)-283-7000

X-Ray Report
Signed 0522-0063

Patient: Q█████ Daniel K
DOB: ████████ 1966
Age/Sex: 52 / M
Patient Location: IMAG /
Attending Physician: Payne, Kevin DO
Ordering Physician: Payne, Kevin DO

MR #: M000021439
Acct #: C00001060476
Admit Date: 05/22/18
Order Number: 0522-0014
Accession Number(s): A0000027817

cc:
Payne, Kevin DO

PROCEDURE: RADIOGRAPH: CHEST, TWO VIEW (PA AND LATERAL)

COMPARISON: ST JOHN'S LUTHERAN HOSPITAL, CT, CHEST W/O CONTRAST,
6/30/2010, 11:23. Cabinet Peaks Medical Center, RAD, XR CHEST 1 VIEW
PORTABLE, 4/05/2018, 19:22.

INDICATIONS: Patient presents for pleural thickening.

FINDINGS:
Two views of the chest. The lungs are well aerated. No focal opacity.
No pleural effusion or pneumothorax. Cardiac and mediastinal contours
are normal. The pulmonary vasculature is normal in caliber. Scoliotic
curvature of the spine.

CONCLUSION:

1. No evidence of asbestos related pleural disease.
2. No acute findings.

Dictated by: Kelly Kieper, M.D. on 5/22/2018 at 14:40
Electronically Signed by: Kelly Kieper, M.D. on 5/22/2018 at 14:41

Dictated By: KIEPER, KELLY M.D.
Signed By:

Dictated By: KIEPER, KELLY M.D.

Signed By: 05/22/18 1441

X-Ray Report 0522-0063

Patient Name: Q█████ Daniel K

Acct #: C00001060476

Name: Q█████ Daniel

DOB: ████████ 1966

Date:

CARD-ASB0332116
0030

Center For Asbestos Related Disease

214 East 3rd Street

Libby, MT, 59923

Name: Q [REDACTED], Daniel	ID: 459312	BSA: 1.92	Date: 05/22/2018
Tech: Storkson, Linda	Height: 70.60	Age: 52	DOB: [REDACTED] 1966
Doctor: Payne, Kevin	Weight: 161.80	Sex: Male	Race: Caucasian

NHANES III

<u>Visit Date</u>	FVC % Predicted	FEV1 % Predicted	TLC (Pleth) % Predicted	RV (Pleth) % Predicted	DLCOunc % Predicted
<u>Pre</u>					
6/30/2010 9:37:28 AM	102	103	113	125	98
8/24/2011 4:02:52 PM	105	106	107	97	104
8/28/2012 12:30:16 PM	102	105	104	105	110
9/24/2013 2:11:46 PM	100	105	105	106	112
5/22/2018 10:05:34 AM	104	100			106
<u>Post</u>					
6/30/2010 9:37:28 AM	102	108			
8/24/2011 4:02:52 PM	106	111			
8/28/2012 12:30:16 PM	103	109			
9/24/2013 2:11:46 PM	103	109			
5/22/2018 10:05:34 AM					

The Center for Asbestos Related Disease
214 E. 3rd St. ■ Libby, Montana 59923
Phone: (406) 293-9274

ALAN WHITEHOUSE, M.D.
DEA Reg. No. AW1002675

BRAD BLACK, M.D.
DEA Reg. No. AB7624619

NAME Dan Q [REDACTED] AGE _____

ADDRESS _____ DATE 1-6-71

Rx 75 mg/ hr Fentanyl patch
10
S.o: apply 1 g 720 for pain

Label

Refill _____ Times

Dr. Brad Black, MD Dr. _____

Substitution Permitted

Dispense As Written

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332188
0032

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan A AGE _____
ADDRESS ██████████ Libby MT DATE 1-9-13

Rx M 5 Can for 30mg
Disp: # 30
Sig: + H.S. for pain

Refill Times
Provider Brad Black, MD Provider _____

Dispense As Written Substitution Permitted

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan A AGE _____
ADDRESS _____ DATE 1-9-13

Rx Cymbalta 30mg
Disp: 50
Sig: + 8d x 7, then tit gd.

Refill 2 Times
Provider Brad Black, MD Provider _____

Dispense As Written Substitution Permitted

Name: Q █████, Daniel

DOB: █████ 1966

Date:

CARD-ASB0332189
0033

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923

Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

ALISA M. KOVAL, M.D.
DEA No. FK3493993

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q [REDACTED]

302 [REDACTED] -66
AGE [REDACTED]

ADDRESS [REDACTED] Libby MT

DATE 1-14-13

Rx Oxycodone 15mg
Qty: 360 (three hundred + sixty)
Sig: 1 - 1/2 tabs Q4^o PRN for pain

Refill _____

Times _____

Provider _____

Dispense As Written _____

Provider _____

Substitution Permitted _____

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332190
0034

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923

Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q DOB 1966
ADDRESS Libby, MT DATE 1-28-13

Rx Fentanyl Patch 75mcg/hr.
#15
Sig APG 848L as direc
for pain.

Refill _____ Times _____
Provider Brad Black, MD Provider _____
Dispense As Written Substitution Permitted

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923

Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q DOB 1966
ADDRESS Libby, MT DATE 1-28-13

Rx Oxycodone 15mg
#300
Sig 1-2 tabs. 84-6h
for breakthrough pain

Refill _____ Times _____
Provider Brad Black, MD Provider _____
Dispense As Written Substitution Permitted

Name: Q , Daniel

DOB: 1966

Date:

CARD-ASB0332191

0035

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: (406) 293-9274

WHITEHOUSE, M.D.
Reg. No AW1002675

BRAD BLACK, M.D.
DEA Reg. No AB7624819

Dan Q [REDACTED] AGE [REDACTED]
DATE 1/31/11

Fentanyl patch 75mcg/hr
DOP # 10
Apply q 72 L for pain

Times [REDACTED]
Substitution Permitted [REDACTED]

Dispense As Written [REDACTED]

[REDACTED]

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332192
0036

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q DOB 10/10/66
ADDRESS ██████████ Libby MT DATE 2-27-13

Rx Oxycodone 15 mg
Qty: #300 - must last 1 month
Sig: 1-2 tabs q 4-6^o PRN for
Breakthrough pain

Refill 1 Times

Provider Brad Black MD Dispense As Written

Substitution Permitted

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q DOB 10/10/66
ADDRESS ██████████ Libby MT DATE 2-27-13

Rx fentanyl Patch 75 mcg/hr
Qty: #15 (fifteen)
Sig: Apply + q 48^o for pain

Refill 1 Times

Provider Brad Black MD Dispense As Written

Substitution Permitted

Name: Q █████ Daniel

DOB: █████ 1966

Date:

CARD-ASB0332193
0037

The Center for A-sitos Related Disease
214 E. 3rd St • Libby, Montana 59923
Phone. (406) 293-9274

ALAN WHITEHOUSE, M.D.
DEA Reg No. AW1002675

BRAD BLACK, M.D.
DEA Reg No. AB7624819

NAME Dan Q DOB 12-12-66
ADDRESS _____ DATE 2-29-11

Rx Fentanyl Patch 75mcg/hr
Dose # 10
Suply 7 24hrs for pain
 Label
Refill _____ Times _____
Dr. Brad Black, MD Dr. _____
Substitution Permitted Dispense As Written

Name: Q, Daniel

DOB: 1966

Date:

CARD-ASB0332194
0038

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME: Daniel Q [REDACTED] DOB: [REDACTED] - 64
ADDRESS: [REDACTED] DATE: 3-22-12

Rx OxyContin 20mg
Qty # 30
Sig: T QHS as directed
for pain. Brad Black MD

Refill _____ Times _____
Provider _____ Dispense As Written _____
Provider _____ Substitution Permitted _____

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME: Daniel Q [REDACTED] DOB: [REDACTED] - 64
ADDRESS: [REDACTED] DATE: 3-20-12

Rx Fentanyl Patch 75mcg/hr
DWP # 3
Sig: Apply T Q 72 hrs as
directed for pain. Brad Black MD

Refill _____ Times _____
Provider _____ Dispense As Written _____
Provider _____ Substitution Permitted _____

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332195
0039

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q DOB 1/66
ADDRESS Libby MT DATE 3-26-13

Rx fentanyl Patch 75 mcg/hr

Qty: # 15 (Fifteen)

Sig: Apply 1 patch q 48^h as directed

Refill Times

for pain

Provider Brad Black MD

Dispense As Written

Provider

Substitution Permitted

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q DOB 1/66
ADDRESS Libby MT DATE 3-26-13

Rx Oxy codone 15 mg

Qty: # 300 (three hundred)

Sig: 1-2 tabs q 4-6^h for breakthrough
Pain - must last 1/2 month

Refill Times

Dispense As Written

Provider

Substitution Permitted

Name: Q, Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332196
0040

The Center for ~~C~~estos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: (406) 293-9274

ALAN WHITEHOUSE, M.D.
DEA Reg. No. AW1002675

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

NAME Dan Q [REDACTED] DOB [REDACTED] 6/6/62

ADDRESS _____ DATE 4-6-11

Rx Fentanyl Patch 15mcg/hr
Disp #10
~~Spec:~~ Apply ↑ of 12hrs for pain.

Label

Refill _____ Times _____
Dr. Brad Black, M.D. Dr. _____
Substitution Permitted Dispense As Written



Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332197
0041

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-0274

BRAD BLACK, M.D.
DEA Reg No. AB7624019

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME [REDACTED] AGE [REDACTED]
ADDRESS [REDACTED] DATE [REDACTED]
Rx Fentanyl Patch 15mcg/hr
Disp #3
Sig: Apply T Q72HRS. CR
Directed for [REDACTED]
Brad Black, PA

Name: Q [REDACTED], Daniel

DOB: [REDACTED]

Date

CARD-ASB0332198
0042

Exhibit 17-42

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q [REDACTED] DOB [REDACTED]
ADDRESS [REDACTED] AGE [REDACTED]
DATE 4-12-12

Rx Fentanyl Patch 75 mcg/hr
Disp # 3
Sig: Apply T 0 72 hrs as
directed for pain.

Refill _____ Times _____	Provider _____ Dispense As Written _____	Provider _____ Substitution Permitted _____
--------------------------	--	---

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332199
0043

D [REDACTED]

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE VOLTZ, NP-C,
DEA Reg. No. MB2353384

NAME Daniel C. DOB 10/03/1966
ADDRESS AGE 57
DATE 4-19-18

Rx Intanyl Patch 75 mg/hr
Dsp # 3
Sig: Apply + Q12hrs as directed
for pain.

Refill Times
Provider Black, Daniel

Dispense As Written Provider
Substitution Permitted

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332200
0044

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. Ab7624819

ALISA M. KOVAL, M.D.
DEA No. FK3493993

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME: Don Q [REDACTED] DOB: [REDACTED] - 66
ADDRESS: [REDACTED], Libby, MT DATE: 4-25-13

Rx Oxycodone 16mg
Qty: #300 (three Hundred)
Sig: 1-2 tabs q 4-6^o for breakthrough
Pain must last: m.d.

Refill _____ Times _____
Provider Brad Black MD Dispense As Written _____
Provider Brad Black MD Substitution Permitted _____

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. Ab7624819

ALISA M. KOVAL, M.D.
DEA No. FK3493993

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME: Don Q [REDACTED] DOB: [REDACTED] - 66
ADDRESS: [REDACTED], Libby, MT DATE: 4-25-13

Rx fentanyl Patch 75mcg/hr
Qty: #15 (Fifteen)
Sig: Apply 1 patch q 48^o as directed
for pain

Refill _____ Times _____
Provider Brad Black MD Dispense As Written _____
Provider Brad Black MD Substitution Permitted _____

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332201
0045

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923

Phone: (406) 293-9274

ALAN WHITEHOUSE, M.D.
DEA Reg. No. AW102675

BRAD BLACK, M.D.
DEA Reg. No. AB7824619

NAME

Dan Q [REDACTED]

AGE

[REDACTED]-66

ADDRESS

DATE 1-28-11

Rx

Fentanyl Patch 75mcg/hr
Disp #13
Apply 378° for pain

Label

Refill _____ Times

Dr.

Substitution Permitted

Dr. Brad Black, M.D.
Dispense As Written

[REDACTED]
[REDACTED]

DOB: [REDACTED] 1966

Manial

CARD-ASB0332202

0046

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624818

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel DOB 10/10/66
ADDRESS
DATE 4-30-12

Rx Fentanyl Patch 75mcg/hr
Disp #3
Sig: apply 1 patch every 72hrs as directed
Provider Bleed Black MD Dispense As Written
Substitution Permitted

Handled to Pt
4-30-12 JMB/MSW

Name: C [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332203
0047

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. Ab7624819

ALISA M. KOVAL, M.D.
DEA No. FK3493993

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q

DOB 10/03/1966

ADDRESS [REDACTED]

Libby MT DATE 5-20-13

Rx fentanyl Patch 75 mcg/hr

Qty: 15 (fifteen)

Sig: Apply patch at 48° as directed

Refill 0 Times

Provider Brad Black PA/C Provider

Substitution Permitted

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. Ab7624819

ALISA M. KOVAL, M.D.
DEA No. FK3493993

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q

DOB 10/03/1966

ADDRESS [REDACTED]

Libby MT DATE 5-20-13

Rx Oxy codone 15mg

Qty: #300 (three hundred)

Sig: 1-12 tabs q 4-6° for break through
pain up to #10 q d - must last ; MD

Refill 0 Times

Provider Brad Black PA/C Provider

Substitution Permitted

D Dan [REDACTED]

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332204
0048

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME: Dan Q ADDRESS: _____ AGE: _____
DATE: 5-25-11

Rx: MS Contin 15g
#120
Sig i-t-t tabs b/d
as directed for pain
Refill _____ Times _____
Provider _____ Dispense As Written _____
Provider: Brad Black, MD Substitution Permitted

Name: Q, Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332205
0049

The Center for Asbestos Related Disease
214 E. 3rd St., Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353304

NAME: Dan [REDACTED]	ADDRESS:	DATE: 6-7-11
Rx: Oxycontin 20mg T 10 BID #20		
Refill: 0 Times	Provider: [REDACTED]	Substitution Permitted
Provider: [REDACTED]	Dispense As Written	[REDACTED]

Brad Black, M.D.

X Dan

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332206
0050

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923

Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel K. Q. DOB 1966
ADDRESS AGE

DATE 6-15-12

Name: Q, Daniel

DOB: 1966

Date:

CARD-ASB0332207

0051

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q AGE 6-18-13
ADDRESS _____

Rx Prednisone 10 mg
#30

Sig: 1 tab AM

Refill _____ Times _____
Provider Brad Black MD Dispense As Written _____
Substitution Permitted _____

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q AGE 6-18-13
ADDRESS Libby, MT DATE 6-18-13

Rx Oxycodone 15 mg
#360

Sig: 1-2 tabs q4h
for breakthrough pain.

Refill _____ Times _____
Provider Brad Black MD Dispense As Written _____
Substitution Permitted _____

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q AGE 6-18-13
ADDRESS Libby, MT DATE 6-18-13

Rx Fentanyl Patch 75 mcg/hr
Disp #15

Sig APPG q48h as
needed

Refill _____ Times _____
Provider Brad Black MD Dispense As Written _____
Substitution Permitted _____

Name: Q, Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332208
0052

Exhibit 17-52

The Center for Asbestos Related Disease
214 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME: Daniel Q [REDACTED] DOB: [REDACTED] Age: [REDACTED]

ADDRESS: DATE: 01/19/12

Rx Fentanyl Patch 75mcg/hr
Disp # 15
Sig: T g 48hrs as directed
for pain.

Refill _____ Times _____
Provider _____ Dispense As Written _____
Provider _____ Substitution Permitted _____

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332209
0053

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q DOB 12/22/66
ADDRESS [REDACTED] Libby MT DATE 7-9-13

Rx Oxy codone 16mg
Qty: #360 (three hundred + sixty)
Sig: $\frac{1}{2}$ - $\frac{1}{4}$ tabs q 4^o for breakthrough pain

Refill 1 Times

Provider Brad Black Dispense As Written

Substitution Permitted

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q DOB 12/22/66
ADDRESS [REDACTED] Libby MT DATE 7-9-13

Rx fentanyl Patch 75 mcg/hr
Qty: #15 (fifteen)
Sig: Apply $\frac{1}{2}$ Patch q 48^o as directed

Refill 1 Times

Provider Brad Black Dispense As Written

Substitution Permitted

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q DOB 12/22/66
ADDRESS [REDACTED]

DATE 7-9-13

Rx Prednisone 10mg
Qty: #30 (thirty)
Sig: $\frac{1}{2}$ po q Am

Refill 1 Times

Provider Brad Black Dispense As Written

Substitution Permitted

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332210
0054

The Center for Asbestos Related Disease

214 E 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q [REDACTED] DOB [REDACTED] -66
ADDRESS _____ DATE 7-24-12

Rx Fentanyl Patch 75 mcg/hr
Qty: #15 (fifteen)
Sig: Apply ① patch q 48h

Refill 0 Times

Provider _____ Dispense As Written Provider MICHELLE BOLTZ Substitution Permitted

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332211
0055

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. Ab7624819 ALISA M. KOVAL, M.D.
DEA No. FK3493993 MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q [REDACTED] DOB [REDACTED] 66
ADDRESS [REDACTED] Libby MT DATE 8-6-13

Rx Oxycodone 15mg
Qty: #360 (three hundred & sixty)
Sig: 1-2 tabs q 4 hrs - breakthrough pain

Refill 0 Times
Provider Brad Black QMD Dispense As Written Substitution Permitted

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. Ab7624819 ALISA M. KOVAL, M.D.
DEA No. FK3493993 MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q [REDACTED] DOB [REDACTED] 66
ADDRESS [REDACTED] Libby MT DATE 8-6-13

Rx Fentanyl Patch 75mcg/hr
Qty: #15 (Fifteen)
Sig: Apply 1 patch q 48hr

Refill 0 Times
Provider Brad Black QMD Dispense As Written Substitution Permitted

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332212
0056

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q ADDRESS _____ AGE _____
DATE 8-28-12

Rx Oxy codone 15g
360
1-1/2 gr 4 times per day
breathe through nose
Refill _____ Times
Provider _____ Dispense As Written Provider Black Bear Rx Substitution Permitted

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q ADDRESS _____ AGE _____
DATE 8-28-12

Rx Fentanyl patch 75ug/hr
Disp # 15
Sig: Apply 748L as
directed for severe
pain.
Refill _____ Times
Provider _____ Dispense As Written Provider Black Bear Rx Substitution Permitted

Name: Q, Daniel

DOB: 01/01/1966

Date:

CARD-ASB0332213
0057

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923

Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353384

NAME Dan Q AGE _____
ADDRESS _____ DATE 8-29-11

Rx Oxyconfin 100
DISP #30
7 H.S.

Refill _____ Times _____

Provider _____ Dispense As Written

Brad Black, MD

Substitution Permitted

Name: Q, Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332214
0058

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923

Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q

DOB 10/10/66

ADDRESS [REDACTED]

Libby, MT

DATE 9-3-13

Rx fentanyl Patch 75 mcg/hr

Qty: # 15 (fifteen)

Sig: Apply: patch q 48h

Refill 0 Times

Provider Brad Black, MD

Dispense As Written

Substitution Permitted

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923

Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q

DOB 10/10/66

ADDRESS [REDACTED]

Libby, MT

DATE 9-3-13

Rx Oxycodone 15 mg

Qty: # 360 (three hundred & sixty)

Sig: i - tabs q 40 - breakthrough pain

Refill 0 Times

Provider Brad Black, MD

Dispense As Written

Substitution Permitted

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332215

0059

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353384

NAME Dan Q ADDRESS _____ AGE _____
DATE 9-13-11

Rx Oxycontin 20 mg
#30 as directed
T.H.S. or p.m.
Brad Black M.D.

Refill _____ Times _____
Provider _____ Dispense As Written Provider _____
Substitution Permitted

Name: Q, Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332216
0060

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q DOB [REDACTED]
ADDRESS [REDACTED] Libby MT AGE [REDACTED] 66
DATE 10-2-12

Rx OxyContin 15 mg
Qty: # 360 (three hundred & sixty)
Sig: 1/4 4° P/F N breakthrough pain

Refill Times
Provider [Signature]

Dispense As Written Provider [Signature]
Substitution Permitted

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q DOB [REDACTED]-66
ADDRESS [REDACTED] Libby MT DATE 10-2-12

Rx Fentanyl Patch 75 mcg/hr
Qty: # 15 (fifteen)
Sig: Apply 1/4 8° as directed for severe
Pain

Refill Times
Provider [Signature]

Dispense As Written Provider [Signature]
Substitution Permitted

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332217
0061

The Center for asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923

Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Dan Q DOB [REDACTED]
ADDRESS [REDACTED] AGE 60
DATE 10-14-11

Rx Oxycontin 20mg
Qty # 30
Sig. + g Ms as directed
for pain
Refill Times Brad Black, D.O.

Provider Dispenser Provider Substitution/Permitted
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332218
0062

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q [REDACTED] DOB 10/16/66
ADDRESS

DATE 10-29-12

Rx Oxycodone 15mg
Qty # 360
Sig: TtoT Q4hrs as needed
Refill 0 Times for breakthrough pain.

Provider _____ Dispense As Written Provider Brad Black MD Substitution Permitted



Name: Q [REDACTED], Daniel

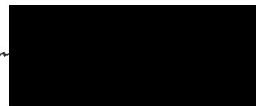
DOB: [REDACTED] 1966

Date:

CARD-ASB0332219
0063

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D. DEA Reg. No. AB7624819	MICHELLE BOLTZ, NP-C, APRN DEA Reg. No. MB2353364
NAME <u>Q [REDACTED] Daniel K</u>	AGE <u>66</u>
ADDRESS <u></u>	DATE <u>11-1-12</u>
Rx Fentanyl Patch 75mcg/hr	
Qty # 15	
Sig: Apply 1 patch Q48hrs	
as directed for severe pain	
Refill _____ Provider <u>Brad Black MD</u>	Time _____ Dispense As Written
Substitution Permitted	

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332220
0064

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel G. DOB 10/16/66
ADDRESS _____ DATE 11-15-12

Rx Oxycodone 15mg
Qty #360
Sig: 1 to 1T Q4hrs as needed
for breakthrough pain

Refill _____ Times _____
Provider Brad Black, M.D. Dispense As Written _____
Provider _____ Substitution Permitted _____

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332221
0065

The Center for Asbestos Related Disease
214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624818

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel Q. [REDACTED] [REDACTED]
ADDRESS [REDACTED]

DATE 12-10-12

Rx Oxycodone 15 mg
Qty # 360
Sig: t to t Q4hrs as needed
Black [REDACTED] for pain.
Refill Times _____
Provider Black [REDACTED] Provider _____
Dispense As Written _____ Substitution Permitted

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332222
0066

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: (406) 293-9274

AN WHITEHOUSE, M.D.
DEA Reg. No. AW1002675

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

Dan Q [REDACTED]

AGE

LESS

DATE

12/21/10

Fentanyl patch 75mcg/hr
DISP #5

Sig: Apply 872 h for

BlueBlueBand

Substitution Permitted Dispense As Written

Name: Q, Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332223
0067

The Center for Asbestos Related Disease

214 E. 3rd St. • Libby, Montana 59923
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7824819

ALISA M. KOVAL, M.D.
DEA No. FK3483993

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2353364

NAME Daniel K. O DOB 10/08/66

ADDRESS Libby MT 59923 DATE 12-26-12

R Oxy codone 15 mg
Qty: # 360 (three hundred & sixty)
Sig: 1 tab po q 4^h PRN for pain

Refill Timed
Provider Brad Black, M.D. Provider

Dispense As Written

Substitution Permitted

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332224
0068

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 59923056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q [REDACTED]

SEX Male

AGE 48

DOB [REDACTED] 1966

ADDRESS [REDACTED] Libby, MT 59923

DATE 10/01/2014

Rx

fentanyl 75 mcg/hr transdermal patch

Disp: 15 (fifteen) Patches

Sig: apply 1 patch by transdermal route every 48 hours

Generic Substitution Permissible

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Refill _____

times PRN (NR)

Brad Black, MD
Brad Black, MD

Signature: _____

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332225
0069

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q [REDACTED]

SEX Male

AGE 48

DOB [REDACTED] 1966

ADDRESS [REDACTED] Libby, MT 59923

DATE 10/01/2014

Rx

oxycodone 15 mg tablet

Disp: 180 (one hundred eighty) Tablet

Sig: take 1 tablet by oral route every 4 hours no more than 6 a day as needed

Generic Substitution Permissible

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

COMMENTS

MUST last 1 month



Refill _____

times PRN **NR**



Signature:

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332226
0070

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME	Daniel Q [REDACTED]	SEX	Male	AGE	48	DOB	[REDACTED] 1966
ADDRESS	[REDACTED]	LIBBY, MT	59923			DATE	05/15/2014

Rx

oxycodone 15 mg tablet

Disp: 180 (one hundred eighty) Tablet

Sig: take 1 tablet by oral route every 4 hours no more than 6 a day as needed

Generic Substitution Permissible

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Refill _____ times PRN NR

Signature:

Brad Black, MD
Brad Black, MD

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED]

Date:

CARD-ASB0332227
0071

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819
NPI #: 1356407902

214 E 3rd Street
Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME	Daniel Qu█████	SEX	Male	AGE	48	DOB	██████████ 966
ADDRESS	██████████ Libby, MT 59923	DATE 05/14/2014					

Rx

fentanyl 75 mcg/hr transdermal patch

Disp: 15 (fifteen) Patches

Sig: apply 1 patch by transdermal route every 48 hours

Generic Substitution Permissible

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

D ██████████

Refill _____ times PRN NR

Brad Black, MD

Brad Black, MD

Signature:

Brad Black, MD

Name: Q█████ Daniel

DOB: █████ 1966

Date

CARD-ASB0332228
0072

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q [REDACTED]

SEX Male

AGE 48

DOB [REDACTED] 1966

ADDRESS [REDACTED] Libby, MT 59923

DATE 09/03/2014

Rx

fentanyl 75 mcg/hr transdermal patch

Disp: 15 (fifteen) Patches

Sig: apply 1 patch by transdermal route every 48 hours

Generic Substitution Permissible

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

D [REDACTED]

Refill _____ times PRN NR

Brad Black, MD

Brad Black, MD

Signature:

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332229

0073

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q [REDACTED]

SEX Male

AGE 48

DOB [REDACTED] 1966

ADDRESS [REDACTED] Libby, MT 59923

DATE 09/03/2014

Rx

oxycodone 15 mg tablet

Disp: 180 (one hundred eighty) Tablet

Sig: take 1 tablet by oral route every 4 hours no more than 6 a day as needed

Generic Substitution Permissible

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

COMMENTS

MUST last 1 month

D [REDACTED]

Refill _____ times PRN

NR

Brad Black, MD

Brad Black, MD

Signature:

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332230

0074

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q [REDACTED]

SEX Male

AGE 48

DOB [REDACTED] 1966

ADDRESS [REDACTED] Libby, MT 59923

DATE 08/11/2014

Rx

fentanyl 75 mcg/hr transdermal patch

Disp: 15 (fifteen) Patches

Sig: apply 1 patch by transdermal route every 48 hours

Generic Substitution Permissible

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over



Refill _____ times PRN NR



Signature:

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332231

0075

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q [REDACTED]

SEX Male

AGE 48

DOB [REDACTED]

ADDRESS [REDACTED] Libby, MT 59923

DATE 07/14/2014

Rx

fentanyl 75 mcg/hr transdermal patch

Disp: 15 (fifteen) Patches

Sig: apply 1 patch by transdermal route every 48 hours

Generic Substitution Permissible

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over



Refill _____

times PRN NR



Signature:

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332232

0076

Center For Asbestos Related Disease

Brad Black, MD

LIC # 4055 • DEA # AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 59923-2056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel C [REDACTED]

SEX Male

AGE 48

ADDRESS [REDACTED]

Libby, MT 59923

DOB [REDACTED]

DATE 04/23/2014

<input type="checkbox"/> 1-24
<input checked="" type="checkbox"/> 25-49
<input type="checkbox"/> 50-74
<input type="checkbox"/> 75-100
<input type="checkbox"/> 101-150
<input checked="" type="checkbox"/> 151 and over

Rx
oxycodone 15 mg tablet
Disp 270 (two hundred seventy) Tablet

Sig: Take 2 tabs po 1 dose, 1 tab po next dose, 2 tabs po next dose, 1 tab po next dose and on through out the day - up to 9 tabs q day as needed.

Generic Substitution Permissible

Refill _____

times PRN NR

Brad Black, MD

Signature: [REDACTED]

Brad Black, MD

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332233
0077

Center For Asbestos Related Disease

Brad Black, MD

LIC # 4055 • DEA # AB7624819
NPI #: 1356407902

214 E 3rd Street

Libby, MT 59923056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME	Daniel Q [REDACTED]	SEX	Male	AGE	48	DOB	[REDACTED] 1966
ADDRESS	[REDACTED] Libby, MT 59923					DATE	04/23/2014

R **VOID** **VOID** **VOID** **VOID** **VOID** **VOID** **VOID**
VOID **VOID** **VOID** **VOID** **VOID** **VOID** **VOID** **VOID**

oxygen 15 mg tablet **VOID** **VOID** **VOID** **VOID** **VOID** **VOID** **VOID**
 Disp 270 (two hundred seventy) Tablet **VOID** **VOID** **VOID** **VOID** **VOID** **VOID** **VOID**

Sig: Take 2 tabs po 1 dose, 1 tab po next dose, 2 tabs po next dose, 1 tab po
 next dose and on throughout the day - up to 9 tabs q day as needed.

Generic Substitution Permissible

VOID **VOID** **VOID** **VOID** **VOID** **VOID** **VOID** **VOID**

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332234
0078

Center For Asbestos Related Disease

Brad. Black, MD

LIC # 4055 • DEA # AB76248J9

NPI # 1356407902

214 E 3rd Street

Libby, MT 59923056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q [REDACTED]

SEX Male

AGE 48

DOB [REDACTED]/1966

ADDRESS [REDACTED] Libby, MT 59923

DATE 04/23/2014

Rx

Fentanyl 75 mcg/hr transdermal patch

Disp: 15 (fifteen) Patches

Sig: apply 1 patch by transdermal route every 48 hours

Generic Substitution Permissible

Refill _____

times PRN NR

Signature: [REDACTED]

Brad Black, MD

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332235
0079

Center For Asbestos Related Disease

Brad Black, MD

LIC # 4055 • DEA # AB7624819

NPI # 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME

Daniel Q [REDACTED]

SEX Male

AGE 48

DOB [REDACTED] 1966

ADDRESS

Libby, MT 59923

DATE 03/24/2014

Rxoxycodone 15 mg tablet
Disp 360 (three hundred sixty) Tablet

Sig: take 1 - 2 tablet by oral route every 4 - 6 hours as needed

Generic Substitution Permissible

 1-24
 25-49
 50-74
 75-100
 101-150

151 and over

Refill _____ times PRN NR *Brad Black, MD*

Refill

times PRN NR

Signature: *[Signature]*

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332236
0080

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel C [REDACTED] SEX Male AGE 47 DGB [REDACTED] 1966
ADDRESS [REDACTED] Libby, MT 59923 DATE 12/23/2013

RX

fentanyl 75 mcg/hr Transderm Patch

Disp: 15 (fifteen) Transdermal Patch

Sig: apply 1 patch by transdermal route every 48 hours

Generic Substitution Permissible

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Refill _____

times PRN **NR**

Signature:

Brad Black, MD *Brad Black, MD*

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332237
0081

Center For Asbestos Related Disease

Brad Black, MD

LIC # 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E. 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME: Daniel Q. [REDACTED]

SEX: Male

AGE: 47

ADDRESS: [REDACTED] Libby, MT 59923

DATE: 12/23/2013

R

oxycodone 15 mg tablet

Disp: 360 (three hundred sixty) Tablet

Sig: take 1 - 2 tablet by oral route every 4 - 6 hours as needed

Generic Substitution Permissible

1-24

25-49

50-74

75-100

101-150

151 and over

Refill _____

times PRN NR

Signature: [REDACTED]

Brad Black, MD

Brad Black, MD

Name: Q. [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332238
0082

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q [REDACTED]

SEX Male

AGE 48

DOB [REDACTED] 1966

ADDRESS [REDACTED] Libby, MT 59923

DATE 01/22/2014

Rx

fentanyl 75 mcg/hr Transderm Patch

Disp: 15 (fifteen) Transdermal Patch

Sig: apply 1 patch by transdermal route, every 48 hours

1-24

25-49

50-74

75-100

101-150

151 and over

Generic Substitution Permissible

Refill _____

times PRN **NR**

Brad Black, MD

Brad Black, MD

Brad Black, MD

Dan

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332239
0083

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1358407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q [REDACTED]

SEX Male

AGE 48

DOB [REDACTED] 1966

ADDRESS [REDACTED] Libby, MT 59923

DATE 01/22/2014

R

oxycodone 15 mg tablet

Disp: 360 (three hundred sixty) Tablet

Sig: take 1 - 2 tablet by oral route every 4 - 6 hours as needed

1-24

25-49

50-74

75-100

101-150

151 and over

Generic Substitution Permissible

Refill _____

times PRN NR

Brad Black, MD

Brad Black, MD

Brad Black, MD

Name: Q [REDACTED] Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332240

0084

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME

Daniel Q [REDACTED]

SEX Male

AGE 48

DOB

[REDACTED] 1966

ADDRESS

[REDACTED] Libby, MT 59923

DATE 02/24/2014

Rx

Fentanyl 75 mcg/hr transdermal patch

Disp: 15 (fifteen) Patches

Sig: apply 1 patch by transdermal route every 48 hours

Generic Substitution Permissible

1-24

25-49

50-74

75-100

101-150

151 and over

Refill _____

times PRN NR

Signature:

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332241

0085

Center For Asbestos Related Disease

Brad. Black, MD

LIC # 4055 • DEA # AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q.

SEX Male

AGE 48

DOB [REDACTED] /1966

ADDRESS [REDACTED] Libby, MT 59923

DATE 02/24/2014

RX

Oxycodone 15 mg tablet
Disp: 360 (three hundred sixty) Tablet

Sig: take 1 - 2 tablet by oral route every 4 - 6 hours as needed

Generic Substitution Permissible

1-24
 25-49

50-74

75-100

101-150

151 and over

Refill _____ times PRN NR

Refill _____

times PRN NR

[REDACTED]

Signature:

Brad Black, MD
Brad Black, MD

Brad Black, MD

Name: Q., Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332242
0086

The Center for Asbestos Related Disease
214 E. 3rd St. Libby, Montana 59823
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2363364

NAME: Daniel [REDACTED]
ADDRESS: [REDACTED] DOB: [REDACTED]
[REDACTED] AGE: [REDACTED]

DATE: 10-03-13

Rx fentanyl Patch 75 mcg/hr
Qty: # 15 (fifteen)

Sig: Apply 1 patch q 48h

Refill Times
Provider Dispense As Written Provider Substitution Permitted

Brad Black, M.D.

The Center for Asbestos Related Disease
214 E. 3rd St. Libby, Montana 59823
Phone: 406-293-9274

BRAD BLACK, M.D.
DEA Reg. No. AB7624819

MICHELLE BOLTZ, NP-C, APRN
DEA Reg. No. MB2363364

NAME: Daniel [REDACTED]
ADDRESS: [REDACTED] DOB: [REDACTED]
[REDACTED] AGE: [REDACTED]

DATE: 10-03-13

Rx Oxycodone 15mg
Qty: # 360 (three hundred & sixty)

Sig: 1 tablet q 4h for breakthrough pain

Refill Times
Provider Dispense As Written Provider Substitution Permitted

Brad Black, M.D.

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332243
0087

Center For Asbestos Related Disease

Brad Black, MD

LIC # 4055 • DEA # AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel Q [REDACTED]

SEX Male

AGE 47

DOB [REDACTED] 1968

ADDRESS [REDACTED]

Libby, MT 59923

DATE 10/29/2013

Rx

oxycodone 15 mg tablet

Disp. 360 (three hundred sixty) Tablet

Sig: take 1 tablet by oral route every 4 - 6 hours as needed

Generic Substitution Permissible

1-24

25-49

50-74

75-100

101-150

151 and over

Refill _____

times PRN NR

Signature:

Brad Black, MD

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1968

Date:

CARD-ASB0332244

0088

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME: Daniel C [REDACTED]

SEX: Male

AGE: 47

DOB: [REDACTED] 1966

ADDRESS: [REDACTED]

Libby, MT 59923

DATE: 10/29/2013

Rx

fentanyl 75 mcg/hr Transderm Patch
Disp: 15 (fifteen) Transdermal Patch

Sig: apply 1 patch by transdermal route every 48 hours

Generic Substitution Permissible

1-24

25-49

50-74

75-100

101-150

151 and over

Refill _____

times PRN **NR**

Signature:

Brad Black, MD

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332245
0089

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1356407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME **Daniel C**

SEX **Male**

AGE **47**

DOB **[REDACTED] /1966**

ADDRESS **[REDACTED]**

Libby, MT 59923

DATE **11/26/2013**

R

Fentanyl 75mcg/hr Transderm Patch

Disp: 15 (fifteen) Transdermal Patch

Sig: apply 1 patch by transdermal route, every 48 hours

Generic Substitution Permissible

1-24

25-49

50-74

75-100

101-150

151 and over

Refill _____

times PRN NR

Signature: *Brad Black, MD*

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332246

0090

Center For Asbestos Related Disease

Brad Black, MD

LIC #: 4055 • DEA #: AB7624819

NPI #: 1366407902

214 E 3rd Street

Libby, MT 599232056

Tel: (406) 293-9274 • Fax: (406) 293-9280

NAME Daniel [REDACTED]

SEX Male

AGE 47

DOB [REDACTED] 1966

ADDRESS [REDACTED]

Libby, MT 59923

DATE 11/25/2013

Rx

Oxycodone 15 mg tablet

Disp: 360 (three hundred sixty) Tablet

Sig: take 1 tablet by oral route every 4-6 hours as needed

1-24

25-49

50-74

75-100

101-150

151 and over

Generic Substitution Permissible

Refill _____

times PRN NR

Signature: 

Brad Black, MD

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332247
0091

MAY/22/2018/TUE 04:36 PM CPHIM

FAX No. 406 293 7770

P.006/031

Thiamine HCl Vitamin B1	500 mg IV ONCE STA	04/05/18 20:46 04/05/18 20:47	
----------------------------	--------------------------	----------------------------------	--

Course:

Attention EMR should be made suffice so the patient is not a thrombolytic candidate. Just because of the last known normal being this morning some time. And perhaps he was having symptoms of stroke as early as yesterday. The patient is given 500 mg of thiamine Intravenously. He is maintained at 75 mL an hour normal saline monitored and placed on oxygen

Depart**- Departure****Latest Vital Signs:**

Temperature	98.7 F	04/05/18 19:12
Temperature Source	Temporal Artery Scan	04/05/18 19:12
Pulse Rate	78	04/05/18 20:30
Respiratory Rate	26 H	04/05/18 20:30
Blood Pressure	134/82	04/05/18 20:30
Blood Pressure Mean	99	04/05/18 20:30
O2 Sat	99	04/05/18 20:30
Oxygen Delivery Method		04/05/18 20:30
Oxygen Flow Rate	2	04/05/18 20:30

Clinical Impression:

CVA (cerebral vascular accident)

Qualifiers:

CVA mechanism: embolism Precerebral and cerebral artery: other precerebral artery Qualified
Code(s): I63.19 - Cerebral infarction due to embolism of other precerebral artery

Condition: Poor**Disposition:** Xfer Other**Core Measures Addressed:** N/A**Critical Care Time:** No

Portions of this chart may have been created with Dragon voice recognition software. Efforts have been made to proof-read the chart; however, the wrong-word or "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software. Please read the chart carefully and recognize, using context, where the substitutions may have occurred.

Dictated By: NICOLETTI,JOSEPH M.D.

Signed By: <Electronically signed by JOSEPH NICOLETTI, M.D.> 04/06/18 0129
[

Emergency Department Note 0405-0021

Patient Name: Q [REDACTED], Daniel K

Acct #: C00001054925

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332162
0092

Exhibit 17-92

CARD CLINIC

NAME: C [REDACTED], DAN
DATE OF BIRTH: [REDACTED]
DATE OF VISIT: 05.25.11

SUBJECTIVE: Dan comes to the clinic for follow up. He had problems with the fentanyl patch; he has had reduced appetite and some weight loss and has been concerned with the use of it. He quit five days ago and went back on his oxycodone at 15 mg, taking one to two every four to six hours, and gets up to ten to twelve of these a day to control pain. He has significant posterior thoracic pain, with less of the anterior chest discomfort on the right that he has had in the past, but the pain is there and pretty steady. He also has pain through much of his body involving joints and muscle. He has been through a rheumatologic workup without any evidence of identifiable autoimmune disease. Dan works in an autobody shop and is exposed to solvents in paint on a regular basis, along with particulates from car finishing. Dan has also experienced sexual dysfunction which has responded to Viagra. He attributes some of this to his pain medication, though he does admit the constant severe pain that he experiences may well contribute.

OBJECTIVE: Blood Pressure: Is 100/60. Pulse: Is 78 per minute. Pulse ox: Is 98% on room air. In general, Dan appears fatigued today. His affect is notably flat. HEENT: No acute abnormalities. Neck: Is supple, no adenopathy. Heart: Regular rhythm, no murmurs. Lungs: Breath sounds are clear, and equal bilaterally. Extremities: There is no obvious swelling of joints, no limitation to motion or peripheral edema. Neurologic: Is grossly intact.

ASSESSMENT:

1. Asbestos related disease with secondary posterior pleural pain.
2. Generalized musculoskeletal pain – this has been chronically disabling and I still suspect that he will manifest some autoimmune disease going forward.
3. Sexual dysfunction.

PLAN: We will add MS-Contin for long acting pain relief, and take 15-30 mg twice daily, and hopefully reduce his oxycodone consumption and get less short acting peak and cough affects, which he has not been comfortable with. We will follow up and see how he is doing with this by phone, and then he will be back for a routine reevaluation of his asbestos related disease.

BB/r1

[Handwritten Signature]

Name: C [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0331967
0093

CARD CLINIC

NAME: Q [REDACTED] DAN

DATE OF BIRTH: [REDACTED]

DATE OF VISIT: 08.29.11

SUBJECTIVE: Dan returns today for follow up of his asbestos related disease and left sided pleurisy. After he took his prednisone, his left chest pain subsided. He no longer had pain with breathing after being on the medicine for several days. He weaned off of the prednisone. He continues to have a lot of throbbing pain through his shoulders. He also gets a burning discomfort in both sides of his mid-back region. He notes when he has been laying down and moves to an upright position, sometimes he will get a crampy pain in the back. He is not short of breath. He does not have a cough. He has no pain limitation to movement of his hands.

OBJECTIVE: Blood Pressure: Is 100/58. Pulse: Is 66 per minute. Pulse ox: Is 96% on room air. In general, Dan appears unchanged clinically. He is not in any distress at rest. His affect is a little improved today. He does not appear quite as tired as he has in the past. HEENT: No acute abnormalities. Neck: Is supple, no adenopathy or masses. Heart: Regular rhythm. No murmur. Lungs: Clear. Extremities: No limitation to motion. He has full range of motion about the shoulders, elbows and hand joints. He has no difficulties of flexion of the spine. Neurologic: Is grossly intact.

RADIOLOGY: Chest x-ray from this past week shows no acute changes and no evidence of pleural or parenchymal fibrosis.

ASSESSMENT:

1. Asbestos related disease – secondary thoracic pain has subsided some. I think he is still having some posteriorly in the lower thorax, more so on the right than left. It is likely related to his pleural disease.
2. Chronic shoulder pain and fatigue – etiology remains unclear. He has been through a rheumatologic workup. I am still suspicious that there is still some relationship to his Libby amphibole exposure and these symptoms.

PLAN: We will recheck him in one month. I am going to try him on OxyContin 10 mg at nighttime to see if that carries over and provided greater relief in the morning when his pain is most difficult for him. Hopefully then he will not use the short acting oxycodone as much during the day. That is actually what he has currently been taking. We will follow up in one month.

BB/r1



PATIENT: Daniel Q [REDACTED]
 DATE OF BIRTH: [REDACTED] 1966
 DATE: 06/17/2014 12:00 PM
 VISIT TYPE: Office Visit

This 48 year old male presents for Follow Up Visit.

History of Present Illness:

1. Follow Up Visit

Patient with medication change request. - He hasn't taken any oxycodone for 2 weeks, and has been trying tramadol from a previous RX. He says it does help with back pain, but takes 8 tablets a day of 50 mg.

Dr. Black's note: Dan comes to the clinic today for follow-up. He had wanted to get off of the oxycodone and did so for 2 weeks ago. He had some tramadol prescription left over and was taking up to 8 of these a day, totaling about 400mg. He said he is still very tired. He thinks maybe it is taking the edge off the pain, but he is still using his fentanyl patch 75mcg/h. He really would like to get off of everything, but he still does not know how he is going to tolerate it. He is having a lot of pain in his back and shoulder, but less in his chest as well as the foot pain he had previously, is now receded. His breathing has not changed. He really complains mainly of fatigue and apathy he has experience. He has not responded to Cymbalta in the past.

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Notes
Chronic pain syndrome		Y	
Asbestos-induced pleural thickening		Y	Mapped from KBM Chronic Conditions table on 04/24/2014 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Pleural Thickening/Plaques, 511.0, added by Ashley Day, with responsible provider Michelle L. Boltz NP C. Onset date 09/23/2013.

Medications (active prior to today)

Medication Name	Sig Desc	Start Date	Stop Date	Refilled	Elsewhere
multivitamin capsule		//		Y	
prednisone 10 mg tablet	take as directed	03/25/2014		N	
fentanyl 75 mcg/hr transdermal patch	apply 1 patch by transdermal route every 48 hours	06/16/2014		06/16/2014	N
				4	

Patient Status

Completed with information received for patient transitioning into care.

Medication Reconciliation

Medications reconciled today.

Q [REDACTED], Daniel K. 000000459312 [REDACTED] 1966 06/17/2014 12:00 PM 1/4

CARD-ASB0331888

0095

Adherence	Medication Name	Sig Desc	Elsewhere	Status
taking as directed	multivitamin capsule		Y	Verified
taking as directed	prednisone 10 mg tablet	take as directed	N	Verified
taking as directed	fentanyl 75 mcg/hr transdermal patch	apply 1 patch by transdermal route every 48 hours	N	Verified

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN			
ALLERGIES			

Reviewed, no changes.

VITAL SIGNS**HEIGHT**

Time	ft	in	cm	Last Measured	Height Position	%
12:35 PM	5.0	10.60	179.32	09/24/2013		

WEIGHT/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
12:35 PM	180.00		81.647	dressed with shoes		25.39	

BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
12:35 PM	100/80	sitting	left	arm	manual	adult

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
12:35 PM	97.7	36.5		68	regular	

PULSE OXIMETRY/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 LPM	Timing	FiO2 %	L/min	Delivery Method
12:35 PM	98		RA					

MEASURED BY

Time	Measured by
12:35 PM	Brad Black

Physical Exam

Exam	Findings	Details
General Exam	Comments	General: Dan appears the same clinically. I do not sense any change. I do think he is interested in getting away from the stronger pain medication. He understands the cycle dependency that occurs, especially with short acting narcotics.
Constitutional	Normal	Well developed.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Inspection - Right: Normal, Left: Normal.

Q [REDACTED], Daniel K. 000000459312 [REDACTED] 1966 06/17/2014 12:00 PM 2/4

CARD-ASB0331889
0096

Neck Exam	Normal	Inspection - Normal. Palpation - Normal.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Vascular	Normal	Pulses - Dorsalis pedis: Normal.
Skin	Normal	Inspection - Normal.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Neurological	Normal	Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal insight. Normal judgment.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Pleural Thickening/Plaquing (511.0), chronic.
2.	Assessment Plan Orders	CHRONIC PAIN SYNDROME (338.4), chronic. Today's instructions / counseling include(s) : I would like to have him continue the fentanyl patch at 75 mcg/hr and then he will use tramadol 50 mg take 2 q 6 hrs if needed. He will be on ketoprofen 75 mg qid and only take tramadol if necessary for discomfort. We will see how he does over the next 3 - 4 weeks with this regimen.
3.	Assessment	Painful respiration (786.52).

Medications (Added, Continued or Stopped this visit)

Started	Medication	Directions	Instruction	Stopped
06/16/2014	fentanyl 75 mcg/hr transdermal patch	apply 1 patch by transdermal route every 48 hours		
06/17/2014	ketoprofen 75 mg capsule	take 1 capsule by oral route every 6 hours		
	multivitamin capsule			
03/25/2014	prednisone 10 mg tablet	take as directed		
06/17/2014	tramadol 50 mg tablet	take 2 tablet by oral route every 6 hours as needed		

Diagnostic Services Completed this visit

Test	Ordered	Status	Result
Thoracic Gas Volume	09/24/2013	completed	
CHEST X-RAY		completed	Stable from prior

The patient was checked out at 1:15 PM by Brad Black.

Provider: Black MD, Brad 06/19/2014 09:16 AM

Document generated by Tami Reatz 06/19/2014 09:16 AM

Q [REDACTED], Daniel K. 000000459312 [REDACTED] 1966 06/17/2014 12:00 PM 3/4

CARD-ASB0331890
0097

Exhibit 17-97

KRH Fax Server

5/22/2018 3:43:38 PM PAGE 2/124 Fax Server

*Review
1 hr later 5/22/18*

Kalispell Regional Med Center
310 Sunny View Lane
Kalispell, MT 59901
(406) 752-5111

Neurology: Consult Note
Signed HIM 0406-0034

Patient: Q [REDACTED], Daniel K
DOB: [REDACTED] 1966
Age/Sex: 52 / M
Dictated by: Marcus Wheeler, MD

MR #: K000605605
Acct #: V00020299434
Pt Location: K.SUR / K.370-1
Admit Date: 04/05/18
Admitting MD: Ochenrider, Mark G MD

cc: ~

Assessment and plan
Assessment and plan:

52yo man with acute alteration of mental status and vertigo likely due to accidental narcotic overdose, who has had complaints of recent onset left sided weakness with CT demonstrating multiple subacute strokes superimposed on some chronic areas of cerebral infarct as well in multiple vascular territories suggesting a central thromboembolic source for which I would recommend further stroke risk factor assessment with ECHO, carotid ultrasound, telemetry, HbA1C, and lipid profile. For stroke prophylaxis, the patient can be started on a daily dose of Aspirin. Otherwise, physical therapy evaluation may be helpful to determine placement needs once he has returned to his cognitive baseline and once the above studies are completed. Neurology will follow his progress for now. Please call with any further questions/concerns.

History of Present Illness

- Consult Data
Requesting Physician:
Mark G Ochenrider, MD

Primary Care Provider:
Brenda L Anderson, PA-C

Family Provider:
William Cuskelly

- Consult Narrative
Reason for consult: strokes, altered mental status
History of present illness:

Page 1 of 6

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332165
0098

CARD CLINIC

NAME: Q [REDACTED], DANIEL K.
DATE OF BIRTH: [REDACTED]
DATE OF VISIT: 01.28.13

SUBJECTIVE: Dan comes to the clinic today for follow-up. He continues to have significant amounts of pain. He has his pain in the upper right chest, which he has had chronically related to his pleural irritation, but also has had generalized musculoskeletal pain through the shoulder, arms, and has not gotten much benefit from MS-Contin, even when we increased it to 60 mg at nighttime. He has also been using oxycodone 15-30 mg, and has been using those in increasing amounts because that is the only way he has had any significant relief. He did not have any of these so he used the fentanyl patches that he had, and found that the 75 mcg patch actually helped him quite a bit over the last three days. He did not have any other adverse effects. He says it leaves a taste in his mouth in the morning but that is the only thing that seems to bother him.

OBJECTIVE: Vital signs: Blood pressure: Is 122/78. Pulse: Is 69 per minute. Pulse Ox: Is 99% on room air. Temperature is 98 degrees. In general, Dan appears in reasonable spirits today. His color is good in room air. His weight is appropriate for height. No signs of dyspnea at rest. HEENT: No acute abnormality. Neck: Is supple, no masses or adenopathy. Heart: Regular rhythm, no murmur. Lungs: Clear. Extremities: He has good range of motion about the extremities. There are no limitations to his joints, and no swelling. Neurologic: Is intact with normal gait.

ASSESSMENT:

1. Asbestos-related disease.
2. Chronic musculoskeletal pain – This presence as a chronic inflammatory condition, but has been rheumatologically negative. It has been severely impairing for Dan.
3. Pain management – This is an area we had do discuss quite a bit today, and efforts to help Dan understand that the short-acting pain medicines do give immediate relief in a few hours, but have limited long sustainability and cause withdrawal symptoms, and increasing usage. He understands this is not the direction that we would like to go, and in his best interest.

PLAN: I recommend he go with fentanyl patch at 75 mcg/h. and put on every 72h. He will have some oxycodone but I want him to limit these to no more than 10 a day, and hopefully he can use less with the right fentanyl patch dose. We will recheck him in a month to see how things are going.

BB/r1

Bruel Black, MD

FEB 04 2013

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

0099

CARD-ASB0331964

MAY/22/2018/TUE 04:36 PM CPHIM

FAX No. 406 293 7770

P. 005/031

	04/05/18 19:12	04/05/18 19:51	04/05/18 20:30
Temperature	98.7 F		
Temperature Source	Temporal Artery Scan		
Pulse Rate	73	78	78
Respiratory Rate	34 H	15	26 H
Blood Pressure	141/85	140/79	134/82
Blood Pressure Mean	103	99	99
O2 Sat	100	90	99
Oxygen Delivery Method		Nasal Cannula (NC)	Nasal Cannula (NC)
Oxygen Flow Rate		2	2

Microbiology:**Microbiology**04/05/18 19:15 Blood Blood Culture - Preliminary
Culture in progress**Imaging:**

See CT scan report multiple CVA of different ages

- Course**Medications During ED Visit:**

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Sodium Chloride Ns	1,000 mls @ 125 mls/hr IV ONCE ONE	04/05/18 19:11 04/06/18 03:10	04/05/18 19:19 125 mls/hr Administration

Discontinued Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Naloxone HCl Narcan	Confirm Administered Dose 0.4 mg .ROUTE .STK-MED ONE	04/05/18 19:17 04/05/18 19:18	
Thiamine HCl Vitamin B1	Confirm Administered Dose 200 mg .ROUTE .STK-MED ONE	04/05/18 20:53 04/05/18 20:54	

Emergency Department Note 0405-0021

Patient Name: Q [REDACTED] Daniel K

Acct #: C00001054925

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332161
0100**Exhibit 17-100**

KRH Fax Server 5/22/2018 3:43:38 PM PAGE 3/124 Fax Server

Neurology: Consult Note HIM 0406-0034

Patient Name: Q [REDACTED] Daniel K

Acct #: V00020299434

HPI: Daniel is a 52 year old gentleman transferred from Libby last night due to altered mental status and abnormal neuroimaging demonstrating multiple subacute and chronic areas of cerebral infarct in multiple vascular territories suggesting a central thromboembolic source. Due to alteration in his mental status, he is a poor historian but reportedly has long history of chronic cervical and lumbar spine disease, has been on high-dose chronic narcotics for quite some time. He is currently taking around 480 morphine equivalents per day between the MS Contin and oxycodone. Outpatient notes also indicate the patient has noted intermittent brief episodes of a vertigo like sensation lasting a few seconds at a time for the last few weeks. Additionally, he states that over the last day or so, his left arm and left leg have not been working well.

According to the emergency room physician, the patient was brought in by his son and daughter, who are young adults, as the patient had been acting increasingly unusual over the last 24 hours. They stated that the patient had been having about 24 hours of nausea and vomiting, and increasing vertigo signs. When he later became obviously confused, his children suspected that he had unintentionally taken up to 3 of his MS Contin 100 mg tabs at a time earlier yesterday. They felt he did this because he was confused and that this was not intentional. His usual dose of MS Contin is 100 mg tablet, one tablet every 8 hours. While in the ED in Libby, a CT scan of his head showed multiple subacute and chronic hypodense areas suggestive of subacute and chronic infarcts for which further stroke workup including ECHO and carotid ultrasound was recommended. Due to inability of Libby hospital to perform these tests and the unclear nature of his current state, it was felt that transfer to KRMC for further evaluation and management was prudent. Overnight, he has been stable clinically.

He has otherwise not had any fevers or chills, no new cough, shortness of breath, dyspnea or chest pain. He has not had any abdominal pain, though just the nausea and vomiting. No diarrhea. He has not had any urinary complaints. At the time of his emergency department evaluation, the patient remained very somnolent, though was able to be aroused and would intermittently mumble and groan, but was able to cooperate with physical exam. This morning, he remains somnolent but is responsive and reports some mild weakness and numbness on the left along with bilateral dysmetria but otherwise no focal complaints.

At the time of his emergency department evaluation he was afebrile with a temperature of 98.7, and had otherwise unremarkable vital signs. Labs as reviewed below.

PAST HISTORY**MEDICAL:**

1. Chronic cervical and lumbar spine disease.
2. Chronic High dose narcotics, most recently using a total of 480 morphine equivalents between the MS Contin and oxycodone that he takes.
3. Gout versus pseudogout.
4. Partial seizure versus TIA.
5. Osteoarthritis.
6. History of MVA.
7. Knee ACL Injury.
8. Depression.
9. Asbestosis exposure with a negative chest x-ray and CT.

SURGICAL: Appendectomy.**ALLERGIES:**

1. DULOXETINE
2. FENTANYL

Page 2 of 6

Name: Q [REDACTED], Daniel

DOB: [REDACTED] 1966

Date:

CARD-ASB0332166
0101

Exhibit 17-101

Person ID	ID	Last Name	First Name	Middle Name	Visit Date	Birth Date	CXR Screening type	CT Screening type	Visit	Age	Age Category	Weight	Height	Race	Residency	New Pt?
2106					5/26/2010				1	39		158	61.5	Caucasian	3	1
2107	459312	C [REDACTED]	Daniel	K [REDACTED]	6/30/2010	7/ [REDACTED]/1966			1	44		187	70.5	Caucasian	1	1
2108					4/14/2014			1		49 Between age 35-49		193	62	Caucasian	1	1

Person ID	ID	Last Name	First Name	Seen MD?	Recall Class (1, 3, or 5 yrs)	Smoker	Quit smoking since previous Screening	Diagnostic Track	Diagnosis Appt	FOBT
2106				2		1		OCT		N
2107	459312	Q [REDACTED]	Daniel	1		1		OCT		N
2108				3		1	2	2/N/A		N

Person ID	ID	Last Name	First Name	FOBT Mailed Date	FOBT Returned	FOBT Returned Date	FOBT Results	Pt Notified of FOBT	NCM phone f/u?	NCM phone notes	Grace A/D	Grace Date
2106												
2107	459312 Q	[REDACTED]	Daniel	2022-09-22	2022-09-22	2022-09-22	negative	Y	Y	negative		
2108												

Person ID	ID	Last Name	First Name	ATSDR	ARD	Pilot Interest	ARD Medicare Interest	ARD Medicare	CXR Date	CXR Set	2nd Set	CARD (CXR)
2106			N	2					5/26/2010 E5		E	
2107	459312 Q	Daniel	N		1				6/30/2010 F4		E	
2108					2				2 4/14/2014 3X055			

Person ID	ID	Last Name	First Name	CARD CXR (parenchymal)	CARD CXR (pleural)	B-Read1 (parenchymal)	B-Read1 (pleural)	B-Read2 (parenchymal)	B-Read2 (pleural)	CXR PR Set
2106										
2107	459312	Daniel								
2108			N	N	N	N	N			

Person ID	ID	Last Name	First Name	PR1 B-Read (parenchymal)	PR1 B-Read (pleural)	PR1 B-Reader Name	PR2 B-Read (parenchymal)	PR2 B-Read (pleural)	PR2 B-Reader Name
2106									
2107	459312	Q [REDACTED]	Daniel						
2108									

Person ID	ID	Last Name	First Name	PR3 B-Read (parenchymal)	PR3 B-Read (pleural)	PR3 B-Reader Name	PR4 B-Read (parenchymal)	PR4 B-Read (pleural)	PR4 B-Reader Name	PR1 B-Read SentDate
2106										
2107	459312	Daniel								
2108										

Person ID	ID	Last Name	First Name	PR1 B-Read ReturnDate	PR1 B-Read InvoiceDate	PR1 B-Read InvoiceID	PR1 B-Read Notes	PR2 B-Read SentDate	PR2 B-Read ReturnDate
2106									
2107	459312	C [REDACTED]	Daniel						
2108									

Person ID	ID	Last Name	First Name	PR2 B-Read InvoiceDate	PR2 B-Read InvoiceID	PR2 B-Read Notes	PR3 B-Read SentDate	PR3 B-Read ReturnDate	PR3 B-Read InvoiceDate
2106									
2107	459312	Daniel							
2108									

Person ID	ID	Last Name	First Name	PR3 B-Read InvoiceID	PR3 B-Read Notes	PR4 B-Read SentDate	PR4 B-Read ReturnDate	PR4 B-Read InvoiceDate	PR4 B-Read InvoiceID
2106									
2107	459312	Q [REDACTED]	Daniel						
2108									

Person ID	ID	Last Name	First Name	PR4 B-Read Notes
2106				
2107	✓ 459312	[REDACTED]	Daniel	[REDACTED]
2108				

Person ID	ID	Last Name	First Name	CT Date	CT Set	CARD CT (parenchymal)	CARD CT (pleural)	Outside CT (parenchymal)	Outside CT (pleural)	Outside CT Reader Name	CT PR Set	PR1 CT (parenchymal)
2106						N	N	N	N	Teel		
2107	459312	Q [REDACTED]	Daniel			N	Y	N	N	Teel		
2108					N/A							

Person ID	ID	Last Name	First Name	PR1 CT (pleural)	PR1 CT-Reader Name	PR2 CT (parenchymal)	PR2 CT (pleural)	PR2 CT-Reader Name	PR1 CT SentDate	PR1 CT ReturnDate	PR1 CT InvoiceDate
2106											
2107	459312	Q	Daniel								
2108											

Person ID	ID	Last Name	First Name	PR1 CT InvoiceID	PR1 CT Notes	PR2 CT SentDate	PR2 CT ReturnDate	PR2 CT InvoiceDate	PR2 CT InvoiceID	PR2 CT Notes
2106										
2107	459312	C [REDACTED]	Daniel	# [REDACTED]						
2108										

Person ID	ID	Last Name	First Name	Dx on Outside Read Only	Dx on Previous Outside Read	Entry into FLASH?	FLASH Date	Method of Entry	LAMP II
2106				FALSE	FALSE				
2107	459312	[REDACTED]	Daniel	FALSE	FALSE	Effective	11/29/2010	Brad CT	
2108				FALSE	FALSE				

Person ID	ID	Last Name	First Name	Significant Findings
2106				Tessalon pearls given per pt request by Dr. Black. Phenergan w/ codeine cough syrup.
2107	459312	C [REDACTED]	Daniel	Right chest pain, [REDACTED]
2108				

Person ID	ID	Last Name	First Name	Focal Opacity	Focal Opacity 4mm	Lung mass	Thyroid mass	Kidney mass	Spleen mass	Adrenal mass	Breast mass	Other mass	Other mass detail
2106				FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	
2107	459312	Daniel		FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	
2108				FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	

Person ID	ID	Last Name	First Name	Symptomatic	Symptomatic Notes	Spirometry Read	Spirometry Results	ARDRM	ARDRMT	ARDRP
2106								0		0
2107	* 459312	Q	Daniel					0		0
2108				1		1		0		0

Person ID	ID	Last Name	First Name	ARDRPT	ARDRSW	ARDRHA	ARDRRT	ARDPREHAB	ARDNUTRI	ARDRO	ARDROT	ARDNONE	NARDRPC	NARDRC
2106				0	0	0	0	0	0	0	0	0	0	0
2107	459312	Daniel	Bechtold	0	0	0	0	0	0	0	0	0	0	0
2108				0	0	0	0	0	0	0	0	0	0	0

Person ID	ID	Last Name	First Name	NARDRH	NARDPAP	NARDRO	NARDROT	EdSmokingCess	EdDiet	EdBreathingTech	EdPhysioDM	EdPsychoDM	EdBenefits
2106				0	0	0		0	0	0	0	0	0
2107	459312	C [REDACTED]	Daniel	0	0	0		0	0	0	0	0	0
2108				0	0	0		0	0	0	0	0	0

Person ID	ID	Last Name	First Name	EdOther	EdOtherT	EdOutReadBenefits	EdOutReadSigFindingFU	NoPCP
2106				0		FALSE	FALSE	0
2107	459312	Daniel		0		FALSE	FALSE	0
2108				0		FALSE	FALSE	0

Person ID	ID	Last Name	First Name	PCPName	PCPTel	PCPAddress1
2106						
2107	459312	C█	Daniel			
2108						

Person ID	ID	Last Name	First Name	PCPAddress2	PCPCity	PCPState	PCPZip	PCPConsent	PCPConsentNew	ResultsLetterSentPCP
2106										
2107	459312	Daniel								
2108										3

Person ID	ID	Last Name	First Name	PCPSentDate	PCPSentInitials	PCPpacketSentDate	ResultsLetterSentPt	PtSentDate	PtSentInitials	TARConsent	TARConsentNew
2106											
2107	459312	Q [REDACTED]	Daniel								
2108											0

Person ID	ID	Last Name	First Name	TARInfoSent	TARSentDate	TARSentInitials	1st B-Read Sent	FedEx CXR	FedEx CXR Returned	CXR To Whom1	CXR To Whom2	1st B-Read Returned
2106							6/24/2010			Petsonk	Parker	8/19/2010
2107	459312	C.	Daniel				9/27/2010			Szelinku	Petsonk	11/8/2010
2108							6/12/2014			Meyer		7/1/2014

Person ID	ID	Last Name	First Name	2nd B-Read Returned	B-reader Notes	Date CT Mailed	FedEx CT	FedEx CT Returned	CT to Whom1	Date CT Returned
2106				7/13/2010						
2107	459312 Q [REDACTED]	Daniel		1/12/2011	[REDACTED]				NOT SENT	
2108					Gastric band					

Person ID	ID	Last Name	First Name	Post CT Notes
2106				No ARD
2107	459912	Daniel		Pleural thickening
2108				

Person ID	ID	Last Name	First Name	Outside Study?
2106				
2107	459312	C [REDACTED]	Daniel	
2108				

Person ID	ID	Last Name	First Name	Outside CT read notes
2106				
2107	Report 459312	C [REDACTED]	Daniel	[REDACTED]
2108				

Person ID	ID	Last Name	First Name	Outside read reviewed	CXR Chk Num	CT Chk Num	PR1-X Chk Num	PR2-X Chk Num	PR3-X Chk Num	PR4-X Chk Num	PR1-CT Chk Num	PR2-CT Chk Num
2106												
2107	459312 Q [REDACTED]	Daniel	[REDACTED]	[REDACTED]								
2108					11074							

Person ID	ID	Last Name	First Name	Referrals made (to whom)	1st B-reader diagnosis of ARD	2nd B-reader diagnosis of ARD	3rd Reader Mailed	ToWhom3	3rd B-read Returned
2106				meds	N	N			
2107	459312	[REDACTED]	Daniel	MC [REDACTED]	N	N			
2108									

Person ID	ID	Last Name	First Name	3rd B-reader diagnosis of ARD	JS (parenchymal)	JS (pleural)	EP (parenchymal)	EP (pleural)	JP (parenchymal)	JP (pleural)	B disposition (parenchymal)
2106				-	-	N	N	N	N	N	N
2107	459912	Q [REDACTED]	Daniel [REDACTED]	-	N	N	N	N	N	N	N
2108											

Person ID	ID	Last Name	First Name	B disposition (plural)	LDS Referral	LDS Referral Name	LDS Referral Gift Sent	LDS Referral Gift Sent Date	Reader_Mailings_Hidden	Pcp_Results_Hidden
2106			N		FALSE				TRUE	FALSE
2107	459312	[REDACTED]	Daniel	459312	FALSE				TRUE	FALSE
2108			N		FALSE				TRUE	FALSE

Person ID	ID	Last Name	First Name	Pre_7_1_2011_Screening	CXR InvoiceDate	CXR InvoiceID	CT InvoiceDate	CT InvoiceID
2106				TRUE				
2107	459312	D	Daniel	TRUE				
2108				FALSE				



PATIENT: Joey S [REDACTED]
DATE OF BIRTH: [REDACTED]/1973
DATE: 08/27/2014 01:23 PM
VISIT TYPE: Patient Communication

This 40 year old male presents for Provider Note.

History of Present Illness:

1. Provider Note

Called patient and discussed CT scan results. New DX of Asbestos related pleural disease was established, based on history of exposure, suggestive symptoms and diagnostic test results. Patient has read the information booklet provided on initial visit, and has no additional questions at this time.

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Notes
History of asbestos exposure		N	

Medications (active prior to today)

Medication Name	Sig Desc	Start Date	Stop Date	Refilled	Elsewhere
hydrocodone 7.5 mg-tablet	take 1 tablet by oral route	//			Y
mg-acetaminophen 325 mg tablet	every 4 - 6 hours as needed for pain				

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Completed Orders (this encounter)

Order	Details	Reason	Interpretation	Result
Continued physical activity, immunizations, chronic disease				

S [REDACTED], Joey D. 000000820576 [REDACTED] 1973 08/27/2014 01:23 PM 1/2

CARD-ASB0339325
0001



	VisitID	VisitDate	Last	First	Middle	CXR Screening type	CT Screening type	Visit	Age	Age Category	Weight	Height
820576	82057620 140825	8/25/2014	Sr [REDACTED]	Joey	D	1	1		40	Between age 35-49	251	71

Race	Residency	New Pt?	Seen MD?	Recall Class (1, 3, or 5 yrs)	Smoker	Quit smoking since previous Screening	Diagnostic Track	Diagnosis Appt	FOBT	FOBT Mailed Date	FOBT Returned	FOBT Returned Date
Caucasian	2	1	3	1	2	2	CT	8/27/2014	N			

FOBT Results	Pt Notified of FOBT	NCM phone f/u?	NCM phone notes	Grace A/D	Grace Date	ATSDR	ARD	Exposure type	Pilot interest	ARD Medicare interest	ARD Medicare	CXR Date
							1				1	8/25/2014

CXR Set	2nd Set	CARD (CXR)	CARD CXR (parenchy mal)	CARD CXR (pleural)	B-Read1 (parenchy mal)	B-Read1 (pleural)	B-Read2 (parenchy mal)	B-Read2 (pleural)	CXR PR Set	PR1 B-Read (parenchy mal)	PR1 B-Read (pleural)	PR1 B-Reader Name
4X017			N	E	N	N			PRX17	N	N	Kanne

PR2 B-Read (parenchy mal)	PR2 B-Read (pleural)	PR2 B-Reader Name	PR3 B-Read (parenchy mal)	PR3 B-Read (pleural)	PR3 B-Reader Name	PR4 B-Read (parenchy mal)	PR4 B-Read (pleural)	PR4 B-Reader Name	PR1 B-Read SentDate	PR1 B-Read ReturnDate	PR1 B-Read InvoiceDat e	PR1 B-Read InvoiceID
N	N	Meyer	N	N	Parker	N	N	Szeinuk	10/30/2014	12/11/2014		

PR1 B-Read Notes	PR2 B-Read SentDate	PR2 B-Read ReturnDate	PR2 B-Read InvoiceDate	PR2 B-Read InvoiceID	PR2 B-Read Notes	PR3 B-Read SentDate	PR3 B-Read ReturnDate	PR3 B-Read InvoiceDate	PR3 B-Read InvoiceID	PR3 B-Read Notes	PR4 B-Read SentDate
	10/30/2014	12/9/2014				10/30/2014	12/1/2014				10/30/2014

PR4 B- Read ReturnDat e	PR4 B- Read InvoiceDat e	PR4 B- Read InvoiceID	PR4 B- Read Notes	CT Date	CT Set	CARD CT (parenchy mal)	CARD CT (pleural)	Outside CT (parenchy mal)	Outside CT (pleural)	Outside CT Reader Name	CT PR Set	PR1 CT (parenchy mal)
12/1/2014				8/25/2014	4T014	N	Y	N	N		PRCT14	N

PR1 CT (pleural)	PR1 CT- Reader Name	PR2 CT (parenchy- mal)	PR2 CT (pleural)	PR2 CT- Reader Name	PR1 CT SentDate	PR1 CT ReturnDate	PR1 CT InvoiceDa- te	PR1 CT InvoiceID	PR1 CT Notes	PR2 CT SentDate	PR2 CT ReturnDat- e
N	Kanne	N	N	Meyer	10/30/2014	12/11/2014			Scar in lingula	10/30/2014	12/9/2014

PR2 CT InvoiceDat e	PR2 CT InvoiceID	PR2 CT Notes	Dx on Outside Read Only	Dx on Previous Outside Read	Entry into FLASH?	FLASH Date	Method of Entry	LAMP II	Significant Findings	Focal Opacity	Focal Opacity 4mm	Focal Opacity 6mm
		Fatty liver.	FALSE	FALSE						FALSE	FALSE	FALSE

Lung mass	Thyroid mass	Kidney mass	Spleen mass	Adrenal mass	Breast mass	Other mass	Other mass detail	Symptom atic	Symptom atic Notes	Spirometr y Read	Spirometr y Results	ARDRM
FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE		1		1		0

ARDRMT	ARDRP	ARDRPT	ARDRSW	ARDRHA	ARDRRT	ARDPREH AB	ARDNUTRI	ARDRO	ARDROT	ARDNONE	NARDRPC	NARDRC
	0		0	0	0	0	0	0		0	0	0

NARDRH	NARDPAP	NARDRO	NARDROT	TxMedication	TxMedicationCheck	TxImmunization	TxImmunizationCheck	EdExercise	EdDiet	EdBreathingTech	EdSmokingCess	EdImmunization
0	0	0			FALSE		FALSE	FALSE	FALSE	FALSE	FALSE	FALSE

EdHighBloodPressure	EdPhysioDM	EdPsychoDM	EdChronicDiseaseMonitoring	EdBenefits	EdCaseManager	EdOutReadbenefits	EdOutReadsigFindin gFU	EdOther	EdOtherT	NoPCP	PCPName	PCPTel
FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE		0		

PCPAddress1	PCPAddress2	PCPCity	PCPState	PCPZip	PCPConsent	PCPConsentNew	ResultsLetterSentPCP	PCPSentDate	PCPSentInitials	PCPpacketSentDate	ResultsLetterSentPt	PtSentDate
					2							

PtSentInitials	TARConsent	TARConsentNew	TARInfoSent	TARSentDate	TARSentInitials	1st B-Read Sent	FedEx CXR	FedEx CXR Returned	CXR To Whom1	CXR To Whom2	1st B-Read Returned	2nd B-Read Returned
	2					10/30/2014			Lynch		1/5/2015	

B-reader Notes	Date CT Mailed	FedEx CT	FedEx CT Returned	CT to Whom1	Date CT Returned	Post CT Notes	Outside Study?	Outside CT read notes	Outside read reviewed	CXR Chk Num	CT Chk Num	PR1-X Chk Num
	10/30/2014			Lynch	1/5/2015					11983	11993	11457

PR2-X Chk Num	PR3-X Chk Num	PR4-X Chk Num	PR1-CT Chk Num	PR2-CT Chk Num	Referrals made (to whom)	1st B-reader diagnosis of ARD	2nd B-reader diagnosis of ARD	3rd Reader Mailed	ToWhom3	3rd B-read Returned	3rd B-reader diagnosis of ARD	JS (parenchymal)
			11499									

JS (pleural)	EP (parenchy mal)	EP (pleural)	JP (parenchy mal)	JP (pleural)	B dispositio n (parenchy mal)	B dispositio n (pleural)	LDS Referral	LDS Referral Name	LDS Referral Gift Sent	LDS Referral Gift Sent Date	Reader_M ailings_Hi dden	Pcp_Resul ts_Hidden
							FALSE				TRUE	FALSE

Pre_7_1_2011_Screening	CXR InvoiceDate	CXR InvoiceID	CT InvoiceDate	CT InvoiceID	DOB	Gender	Address1	Address2	City	State	ZIP	Deceased
FALSE					[REDACTED]/1973	M	[REDACTED]		Libby	MT	59923	N

Deceased date



PATIENT: Kelli C [REDACTED]
 DATE OF BIRTH: [REDACTED] /1963
 DATE: 11/30/2015 09:34 AM
 VISIT TYPE: Patient Communication

This 52 year old female presents for follow up visit.

History of Present Illness:

1. Follow Up Visit

Telephone followup rescreening CT scan obtained 10/26/2015. Please see diagnostic report.

Performed	Test	Interpretation	Result
10/26/2015	CT CHEST W/O CONTRAST	abnormal	Per Dr. Black, limited pleural thickening noted on right side mid chest. No interstitial changes, no other abnormalities noted

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
H/O: asbestos exposure		N		

Allergies

Ingredient	Reaction	Medication Name	Comment
SULFA (SULFONAMIDE ANTIBIOTICS)			

Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
	Continued physical activity, immunizations, chronic disease monitoring						

C [REDACTED] Kelli [REDACTED] 000000821181 [REDACTED] /1963 11/30/2015 09:34 AM 1/3

CARD-ASB0538990



0001

Exhibit 24-1

Patient to FU
with PCP on
incidental
findings

Assessment/Plan

#	Detail Type	Description
1.	Assessment	ARD lamellar pleural thickening (J94.1).
	Impression	New diagnosis of asbestos-related pleural disease in a high risk patient. Patient is eligible for lung cancer screening..
	Patient Plan	Encouraged followup with primary care provider Re: Symptoms unrelated to pleural disease. Pleural thickening is very limited and pulmonary function tests do not indicate sufficient restriction to produce her constellation of symptoms.
	Plan Orders	The patient is to have Benefits Counseling performed today. Today's instructions / counseling include(s) Continued physical activity, immunizations, chronic disease monitoring and Patient to FU with PCP on incidental findings. She is to schedule a follow-up visit with Miles Miller, PA for Chronic ARD F/U 1 Year.
2.	Assessment	H/O Asbestos Exposure (Z77.090).
3.	Assessment	H/O tobacco use (Z87.891).
	Plan Orders	Further diagnostic evaluations ordered today include(s) LOW-DOSE CHEST CT W/O CONTRAST LCS to be performed in 1 Year.

Diagnostic History Entered Today

Performed	Study	Interpretation	Result
10/26/2015		abnormal	Per Dr. Black, limited pleural thickening noted on right side mid chest. No interstitial changes, no other abnormalities noted

Medications (Added, Continued or Stopped today)

Start Date	Medication	Directions	PRN Status	PRN Reason	Instruction	Stop Date
	lisinopril 10 mg tablet	take 1 tablet by oral route every day	N			
	omeprazole 20 mg capsule,delayed release	take 1 capsule by oral route every day 30 minutes to 1 hour before a meal	N			
	Supplements		N			

Completed by:

Miller, Miles 11/30/2015 9:40 AM

C [REDACTED], Kelli [REDACTED] 000000821181 [REDACTED]/1963 11/30/2015 09:34 AM 2/3

CARD-ASB0538991

0002

Exhibit 24-2

Document generated by: Miles Miller 11/30/2015 09:40 AM

Center for Asbestos Related Disease
214 East 3rd Street | Libby, MT 59923

Electronically signed by Miles Miller PA on 11/30/2015 09:40 AM

C [REDACTED] Kelli [REDACTED] 000000821181 [REDACTED]/1963 11/30/2015 09:34 AM 3/3

CARD-ASB0538992

0003

Electronically Signed By: Black, Brad MD 02/16/2016 02:13:49 PM

p.2
Page 1 of 2

Benewah Community Hospital
229 South 7th Street
Saint Maries, ID 83861

C [REDACTED] KELLIA DOB: [REDACTED] 1963 Age at exam: 52 Y, 0 M Sex: F MRN: SM00022258
ACC: A00031781BCH Exam: CT Chest w/o Cont Org: BCH
10/26/2015 2:10 PM PDT Ex. Sts: F Report Status: Finalized Perf. Resources: BCCT-1

Signs and Symptoms: Hx of asbestos exposure.
Visit Pt Loc: SM.CT **Phone:**

Attending: MISCELLANEOUS, PROVIDER MD
Requesting: MISCELLANEOUS, PROVIDER MD

Diagnostic report text

Benewah Community Hospital
229 South 7th Street
St. Maries, ID 83861
Phone: 208-245-5551
Patient Name: C [REDACTED] KELLIA
DOB: [REDACTED] 1963
Ordering Provider: Unknown MD
Attending: Unknown MD

EXAM # DATE
A00031781BCH 10/26/15

TYPE / EXAM
CT Chest w/o Cont

CT CHEST

HISTORY: Asbestos exposure. History of COPD.

TECHNIQUE: A thin-section helical computed tomographic acquisition was obtained through the thorax from the thoracic inlet through the diaphragms without contrast enhancement.

COMPARISON: Chest x-ray 10/7/2015 and 9/19/2013.

FINDINGS:

Thoracic inlet: Unremarkable.

Cardiac/mediastinal: Normal heart size. No pericardial fluid. Mild impact calcifications of a mildly ectatic thoracic aorta. The noncontrast pulmonary arteries appear unremarkable.

Lymphadenopathy: No pathologic hilar or mediastinal lymphadenopathy.

821181

<http://10.199.1.20/dxrad/ClinicalExamNotes/CENPrintReport.asp?ActivityHeaderID=186...> 11/2/2015

Name: C [REDACTED] Kell

DOB: [REDACTED] 1963

Date:

CARD-ASB0539117

0004

Exhibit 24-4

Nov 02 2015 8:48

HP LASERJET FAX

p.3
Page 2 of 2

There are stable calcified lymph nodes in the right supraclavicular region and in the right axilla.

Lungs and pleural spaces: There are no pulmonary masses, consolidation, pleural fluid, or pneumothorax. There are mild centrilobular emphysematous changes.

Bony structures: There are no destructive bone lesions identified.

Chest wall: Unremarkable.

Upper abdomen: Small hiatal hernia

IMPRESSION:

1. Mild emphysematous changes. No identified pleural plaque calcifications. No pathologic lymphadenopathy, consolidation, pleural fluid, or a pneumothorax.
2. Calcified supraclavicular and right axillary nodal structures similar to the comparison chest x-rays.

Dictated by: Michael G Melendez MD
<Electronically signed by Michael G Melendez MD> 10/26/15 1456

TD: 10/26/15 1456 T: P/S
RPT #: 1026-0029

CC: Terry E Davenport DO; Unknown MD ;

CONFIDENTIAL DOCUMENT - RELEASE ONLY WITH PROPER AUTHORIZATION

** LAST EDIT DATE: 10/26/15 1510 **
S: MT

Responsible & Contributing Providers
MELENDEZ, MICHAEL G, MD

End of Report for ACC: A00031781BCH

<http://10.199.1.20/idxrad/ClinicalExamNotes/CENPrintReport.aspx?ActivityHeaderID=186...> 11/2/2015

Name: C [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539118

0005

Exhibit 24-5

Environmental Health Hazards Checklist

Medicare Coverage for Individuals Exposed to Environmental Health Hazards

		Step 1: Identify the individual. (Completed by the field office)	
First Name – Middle Initial – Last Name	<i>Kelli</i>		
Social Security Number			Date of Birth <i>1/1963</i>

Step 2: Identify the asbestos-related condition(s) and its date of diagnosis. (Completed by the provider)		
Check the box next to the diagnosed impairment(s) and print the date of diagnosis.		
Impairment	Diagnosis Code	Minimum Medical Evidence Required
<input type="checkbox"/> Asbestosis	5010	Interpretation by a B reader qualified physician of a plain chest x-ray or Interpretation of computed tomographic radiograph of the chest by a qualified physician
<input checked="" type="checkbox"/> Pleural thickening Pleural plaques	5010	Interpretation by a B reader qualified physician of a plain chest x-ray or Interpretation of computed tomographic radiograph of the chest by a qualified physician
<input type="checkbox"/> Mesothelioma	1630	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage or bronchoscopy report
<input type="checkbox"/> Malignancy of the lung	1620	Established by pathologic examination of biopsy tissue, cytology from bronchioalveolar lavage or bronchoscopy report
<input type="checkbox"/> Malignancy of the colon	1530	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the rectum	1530	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the larynx	1950	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the stomach	1510	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the esophagus	1500	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the pharynx	1950	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the ovary	1830	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Individual does not have an impairment listed above		
Date of Diagnosis:	<i>11/30/2015</i>	

Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider)		
This individual was present in Lincoln County, Montana, during the following time period(s):	<i>1992 to 1999</i>	
Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (SSA will develop presence.)		

Printed Name	Physician's Signature	Date
<i>Dr. Brad Black</i>	<i>Brad Black, M.D.</i>	<i>12/10/2015</i>

Name: C [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539072

0006

Exhibit 24-6

Form Approved
OMB No. 0960-0566

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Kelli A. C. [REDACTED] 1963 [REDACTED]
Name Date of Birth Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
CARD Clinic	214 East 3rd Street, Libby, MT 59923

I want this information released because:
The CARD Clinic is assisting me in getting my EHH status.

(There may be a charge for releasing information.)

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parents' names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received from _____ to _____
- Information about my Medicare claim/coverage from _____ to _____
(specify) _____
- Medical records
- Record(s) from my file (specify) _____
- Other (specify) EHH Status

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: Kelli A. C. [REDACTED]
(Show signatures, names, and addresses of two people if signed by mark.)
Date: 12-7-2015 Relationship: Sel

Form SSA-3288 (3-2005) BP (3-2005)

Name: C [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539073

0007

Exhibit 24-7

Form Approved
OMB No. 0960-0623

WHOSE Records to be Disclosed

NAME (First, Middle, Last, Suffix)

Kelli A [REDACTED] C [REDACTED]

SSN [REDACTED]

Birthday
(mm/dd/yy)

[REDACTED] /1963

**AUTHORIZATION TO DISCLOSE INFORMATION TO
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):
OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

TO WHOM The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for International claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability, and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY If not signed by subject of disclosure, specify basis for authority to sign
INDIVIDUAL authorizing disclosure

SIGN ►

Kelli A. C [REDACTED]

If not signed by subject of disclosure, specify basis for authority to sign

Parent of minor Guardian Other personal representative

(explain) _____

(Parent/guardian/personal representative sign here if two signatures required by State law) ►

Date Signed

12-7-2015

Street Address

[REDACTED]

Phone Number (with area code)

208-[REDACTED]

City

ST. MARIE

State

[REDACTED]

ZIP

[REDACTED]

WITNESS I know the person signing this form or am satisfied of this person's identity:

SIGN ►

Phone Number (or Address)

If needed, second witness sign here (e.g., if signed with "X" above)

SIGN ►

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S.C. section 290dd-2; 42 CFR part 2; 38 U.S.C. section 7332; 38 CFR 1.475; 20 U.S.C. section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-827 (11-2012) eff (11-2012) Use 4-2009 and Later Editions Until Supply is Exhausted

Page 1 of 2

Name: C [REDACTED] Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539074

0008

Exhibit 24-8



Benefits

Patient Name: Kelli C [REDACTED]

Date of Birth: [REDACTED]/1963

Encounter Date: 04/12/2016

EHH: 12/10/2015

Pilot: enrolled Effective Date: 01/02/2016

Pulse Oximeter: No

Improved Access: Yes

Completed by:

Black, Brad 04/12/2016 8:43 AM

Document Generated By: Mary Karen Caraway 04/12/2016 08:42 AM

CARD-ASB0538993

0009

Exhibit 24-9

Form Approved
OMB No. 0960-0823

WHOSE Records to be Disclosed	
NAME (First, Middle, Last, Suffix) <i>Kelli A. C.</i>	
SSN [REDACTED]	Day (mm/dd/yy) [REDACTED] /1963

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):
OF WHAT: All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

TO WHOM The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for International claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY If not signed by subject of disclosure, specify basis for authority to sign
INDIVIDUAL authorizing disclosure

SIGN ►

Kelli A. C. [REDACTED]

Parent of minor Guardian Other personal representative

(explain) [REDACTED]

(Parent/guardian/personal representative sign here if two signatures required by State law) ►

Date Signed

Street Address

12-7-2015 [REDACTED]

Phone Number (with area code)

208- [REDACTED]

City

ST. MARIE

State

Idaho

ZIP

83861

WITNESS I know the person signing this form or am satisfied of this person's identity:

SIGN ►

Phone Number (or Address)

If needed, second witness sign here (e.g., if signed with "X" above)

SIGN ►

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S.C. section 290dd-2; 42 CFR part 2; 38 U.S.C. section 7332; 38 CFR 1.475; 20 U.S.C. section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-827 (11-2012) ed (11-2012) Use 4-2009 and Later Editions Until Supply Is Exhausted

Page 1 of 2

Name: C [REDACTED] Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539074

0010

Exhibit 24-10

Electronically Signed By: Black, Brad MD 10/20/2015 08:57:50 AM

Kootenai Outpatient Imaging

700 Ironwood Drive, Suite 175
Coeur d Alene, ID 83814
Phone: 208-625-6300

Patient Name: C [REDACTED] KELLI A
DOB: [REDACTED] 1963
Ordering Provider: Charles B Black

EXAM # DATE
A00697209KMC 10/07/15

TYPE / EXAM
XR Chest 1 View

Exam: XR Chest 1 View

Clinical History: History of asbestos exposure.

Technical data: AP upright view of the chest.

Comparison: 9/9/2013.

Findings: The lungs are well expanded and clear. The costophrenic recesses are sharp. The heart and mediastinal contours are stable and within normal limits. The pulmonary vasculature is nondistended. There are no skeletal abnormalities. There are stable calcified nodes in the right axilla and right supraclavicular region.

Impression:

1. No acute cardiopulmonary disease.
2. Stable calcified right axillary and right supraclavicular nodes.

Electronically signed by Casey Fatz, M.D. on 10/7/2015 10:06 AM

Dictated by: Casey J Fatz MD
< Electronically signed by Casey J Fatz MD > 10/07/15 1002

TD: 10/07/15 1002 T: P/S
RPT #: 1007-0145

CC: BRAD BLACK, MD; Charles B Black ;~

CONFIDENTIAL DOCUMENT - RELEASE ONLY WITH PROPER AUTHORIZATION

** LAST EDIT DATE: 10/07/15 1024 **

Name: C [REDACTED] KELLI A
Acct #: KM0014973770
MR #: KM00057351

Status: REG CLI
Rm/Bed:
Provider: Casey J Fatz MD

RADIOLOGY
Page: 1

Name: C [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539119

0011

Exhibit 24-11

Electronically Signed By: Miller,Miles PA-C on 12/01/2017 at 13:27 PM legible and confidential and for the sole use of the intended recipient

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: [REDACTED], KELLI A Date: 12/01/16
Patient BD: [REDACTED] /1963 Patient location: LIMAGING Rm #:
Ordering Dr: MILLER, MILES PCA

cc:
MILLER, MILES PA-C

Exam Date and Time: 12/01/2016 12:17
PROCEDURE: RADIOGRAPH: CHEST, SINGLE VIEW

INDICATIONS: ?Pleural plaquing.?

FINDINGS:

There are no previous studies for comparison and the reason for the history of pleural plaquing cannot be confirmed due to lack of previous studies.

The heart size, mediastinum and pulmonary vascular markings appear normal. There is no evidence to suggest pleural thickening, pleural plaquing or fibrosis. There are calcified lymph nodes in the right axilla and right supraclavicular region.

CONCLUSION:

No active cardiopulmonary process is identified.

There is no evidence to suggest asbestos related pleural or parenchymal disease and there are no previous studies available for comparison. The reason for the history of ?pleural plaquing? is unknown.

Calcified right axillary and supraclavicular lymph nodes.

There is what appears to be a fold in the right breast. Assuming the patient is unencumbered by any type of clothing, correlation with physical exam findings is required (I do not see a history of mammography on the patient's imaging record and should be performed in this age patient).

Dictated by: Hugh B. Cecil, M.D. on 12/01/2016 at 13:59
Transcribed by: PB on 12/02/2016 at 4:50
Electronically Signed by: Hugh B. Cecil, M.D. on 12/02/2016 at 9:11

IMAGING REPORT - MEDITOR

NAME: [REDACTED], KELLI A MR#: M000110517 Rpt#: 1202-0006
ACCT#: AA0000905635

Name: [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539116

0012

Exhibit 24-12

KOOTENAI HEALTH
Coeur d'Alene, ID 83814

Adult Echo
Report

Name: C [REDACTED] KELLI ANN Study Date: 05/15/2018
MRN: KM00057351 Patient Location: KM.2E 2014
DOB: [REDACTED] 1963 Age: 55 yrs Gender: Female
Height: 157 cm Weight: 70 kg BSA: 1.7 m²
HR: 78 Rhythm: sinus
History: COPD, HTN
Reason For Study: CVA

INTERPRETATION SUMMARY:

The left ventricle is normal in size. There is mild concentric left ventricular hypertrophy. Visually estimated ejection fraction = 65% No regional wall motion abnormalities are noted.

There is trace mitral regurgitation.

There is trace tricuspid regurgitation.

No cardiac source of emboli noted.

No obvious atrial septal defect is seen with color Doppler.

COMPARISON:

No prior study for comparison.

PROCEDURE / TECH COMMENTS:

A complete two-dimensional transthoracic echocardiogram was performed (2D, M-mode, Doppler and color flow Doppler). No cardiac source of emboli noted.

LEFT VENTRICLE:

The left ventricle is normal in size. There is mild concentric left ventricular hypertrophy. Left ventricular systolic function is normal. Visually estimated ejection fraction = 65%. No regional wall motion abnormalities are noted. There is no ventricular septal defect visualized. Unable to accurately assess left ventricular diastolic function due to indeterminate parameters. LA volume index is 26 ml/m². Averaged E/e' ratio is 12.75 .

RIGHT VENTRICLE:

The right ventricle is normal size. The mid RV diameter = 2.4cm. The right ventricular systolic function is normal. TAPSE was measured at 2.2 cm. (Normal value >1.7 cm).

ATRIA:

The left atrial size is normal. Left atrial area is '16' cm². The Left atrial Index is 26 ml/m². (mild = 35-41; mod = 42-48; severe >48). The right atrial size is normal. Right atrial area is '8.0' cm². No obvious septal defect is seen with color Doppler. A microcavitation bubble study with Valsalva was performed to evaluate for interatrial shunting.

MITRAL VALVE:

The mitral valve leaflets appear thickened, but open well. There is trace mitral regurgitation.

Name: C [REDACTED] KELLI ANN
Act #: KM0022950878
MR #: KM00057351

Status: ADM IN
Rm/Bed: 2014-01
Provider: Ronald M Fritz DO

ECHOCARDIOGRAM
Page: 1

Name: C [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539149

0013

Exhibit 24-13

KOOTENAI HEALTH
Coeur d'Alene, ID 83814

TRICUSPID VALVE:

The tricuspid valve leaflets are thin and pliable. There is trace tricuspid regurgitation. Unable to accurately assess RV systolic pressures in the absence of significant tricuspid regurgitation. The IVC measures normal and shows normal inspiratory collapse.

AORTIC VALVE:

The aortic valve is trileaflet. Aortic valve leaflets appear mildly thickened, but open normally. No aortic insufficiency is present. No aortic stenosis.

PULMONIC VALVE:

The pulmonic valve appears normal in structure and function. There is physiologic pulmonic insufficiency noted.

GREAT VESSELS:

The aortic root is normal size. Aortic root measures: 2.4 cm. The visualized portion of the ascending aorta is normal in appearance. Ascending aorta measures: 3.0 cm.

PERICARDIUM/PLEURAL:

There is no pericardial effusion. A small, anterior pericardial space is noted; suggestive of cardiac fat pad. No pleural effusions are seen.

MMode/2D Measurements and Calculations

LVIDd: 4.3 cm LAV(MOD-bp): 44.4 ml LV mass(C)d: 213.2 grams
IVSd: 1.3 cm LAV(MOD-bp) index: 25.9 ml/m² LV mass(C)dI: 124.3 grams/m²
LVPWd: 1.3 cm Ao root diam: 2.4 cm
asc Aorta Diam: 3.0 cm

LAV(MOD-sp2): 46.3 ml LAV(MOD-sp4): 42.2 ml

Diastology

MV E/A: 0.67
MV dec time: 0.19 sec
MV A dur: 0.08 sec
Med Peak E' Vel: 4.7 cm/sec
E/E' Medial: 13.3
Lat Peak E' Vel: 5.5 cm/sec
E/E' Lateral: 11.2

Doppler Measurements and Calculations

MV E max vel: 62.4 cm/sec LV V1 max: 110.5 cm/sec Ao V2 max: 169.4 cm/sec
MV A max vel: 92.4 cm/sec LV V1 max PG: 4.9 mmHg Ao V2 VTI: 27.3 cm
LV V1 VTI: 20.6 cm Ao max PG: 11.5 mmHg
Ao mean PG: 5.8 mmHg

PA V2 max: 102.1 cm/sec
PA max PG: 4.2 mmHg

Name: C [REDACTED] KELLI ANN
Acct #: KM0022950878
MR #: KM00057351

Status: ADM IN
Rm/Bed: 2014-01
Provider: Ronald M Fritz DO

ECHOCARDIOGRAM
Page: 2

Name: C [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539150

0014

Exhibit 24-14

KOOTENAI HEALTH
Coeur d'Alene, ID 83814

Interpreting Physician: Ronald _ Fritz, M.D.
electronically signed on 05/15/2018 08:59 PM
Ordering Physician: Schwintek, Jason
Referring Physician: Schwintek, Jason
Echocardiographer: Jamie Scott, RCS
335268ID:

Dictated by: Ronald M Fritz DO

<Electronically signed by Ronald M Fritz DO in OV> 05/15/18 2059

Rpt #: 0515-0026

CC: Catherine M Suriano, MD; Jason R Schwintek; Ronald M Fritz, DO;~

CONFIDENTIAL DOCUMENT - RELEASE ONLY WITH PROPER AUTHORIZATION

Name: C [REDACTED], KELLI ANN
Acct #: KM0022950878
MR #: KM00057351

Status: ADM IN
Rm/Bed: 2014-01
Provider: Ronald M Fritz DO

ECHOCARDIOGRAM
Page: 3

Name: C [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539151

0015

Exhibit 24-15

Kootenai Health
2003 Kootenai Health Way
Coeur d Alene, ID 83814
Phone : 208-625-6360

Patient Name: [REDACTED] KELLI ANN
DOB: [REDACTED] 1963
Ordering Provider: Thomas E Nickol MD

EXAM # A01176472KMC **DATE** 07/11/18

TYPE / EXAM
XR Chest 2 Views
PATIENT NAME: KELLI ANN C [REDACTED]

EXAM: XR Chest 2 Views

HISTORY PROVIDED BY ORDERING PROVIDER: dizzy Additional History: AMS

COMPARISON: 6/25/2018

FINDINGS: The lungs are clear. The heart size is normal. The pleural margins are sharp. Arterial calcification is present. There is no vascular congestion. Right axillary and supraclavicular calcified lymph nodes.

IMPRESSIONS

- #### **1. No significant or acute cardiopulmonary abnormalities**

Electronically signed by Randon L. Orr, M.D., on 3/11/2018 2:01 PM

Dictated by: Randon L Opp MD
<Electronically signed by Randon L Opp MD in QV> 07/11/18 14:21

TD: 07/11/18 1359 T: P/S
BRT #: 0711-020E

CC: Catherine M Suriano MD; Thomas E Nickel MD; et al

CONFIDENTIAL DOCUMENT - RELEASE ONLY WITH PROPER AUTHORIZATION

** LAST EDIT DATE: 03/11/18 14:04 **

Name: C_____KELLI ANN
Acct #: KM0023486440
MR #: KM00057351

Name: C [REDACTED], Kelli

DOB: [REDACTED]

Date:

CARD-ASB0539115

0016

Exhibit 24-16

Electronically Signed By: Payne, Kevin DO 10/11/2018 08:41:49 AM
09/19/18 13:59 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 1

Cabinet Peaks Medical Center
209 Health Park Drive
Libby, MT 59923
(406)-283-7000

Cat Scan Report
Signed 0919-0039

Patient: C [REDACTED] Kelli A
DOB: [REDACTED] 1963
Age/Sex: 55 / F
Patient Location: IMAG /
Attending Physician: Black,Brad DR
Ordering Physician: BLACK,BRAD M D.

MR #: M000110517
Acct #: C00001074347
Admit Date: 09/17/18
Order Number: 0917-0013
Accession Number(s): A0000034842

cc:
BLACK,BRAD M.D.

PROCEDURE: CT: ELCAP LUNG CANCER SCREENING - LOW DOSE CHEST WITHOUT CONTRAST

COMPARISON: None.

INDICATIONS: Patient presents for lung cancer screening for history of tobacco use.

TECHNIQUE: Volumetric CT performed from the suprACLAVICULAR fossa through the lung bases using low dose technique. CT dose reduction technique was utilized. Axial reconstructions, coronal MIPs, and coronal and sagittal reformats were created at the time of image acquisition. Volumetric CTDI = 1.24 mGy.

FINDINGS:

LUNGS: Lungs are clear. No suspicious lung nodules or masses. No airspace or interstitial disease. No bronchiectasis or endobronchial opacities.

PLEURA: Pleural spaces are clear. No pleural mass, fluid, or pneumothorax is visible.

MEDIASTINUM: No mediastinal mass or lymphadenopathy.

ADDITIONAL FINDINGS: Large calcified right axillary lymph node.

CONCLUSION: L-RADS Category 1 - Negative. No nodules or definitely benign nodules. <1% probability of malignancy. Estimated population prevalence is 90%. Recommendation: Consider annual screening with LDCT in 12 months.

Large calcified right axillary lymph node may be related to infectious or noninfectious granulomatous disease or previous treated malignancy.

Cat Scan Report 0919-0039

Patient Name: C [REDACTED] Kelli A

Acct #: C00001074347

Name: C [REDACTED] Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539113

0017

Exhibit 24-17

09/19/18 13:59 Cabinet Peaks Medical Center Laboratory Libby, Montana (406)283-7770

Page 2

Dictated by: Mike Henson, M.D. on 9/19/2018 at 13:30
Electronically Signed by: Mike Henson, M.D. on 9/19/2018 at 13:56

...
...
...

Dictated By: HENSON,MICHAEL T M.D.
Signed By:

Dictated By: HENSON,MICHAEL T M.D.
Signed By: 09/19/18 1356

DD/DT: 09/19/18 1356
TD/TT: 09/19/18 1356
Transcriptionist: mth

Cat Scan Report 0919-0039

Patient Name: C [REDACTED] Kelli A

Acct #: C00001074347

Name: C [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539114

0018

Exhibit 24-18

Mount Sinai Doctors Faculty Practice
P: 212-241-2813
F: 212-241-9655

10-4-18
Results of study
9-26-18
D. Payne
RJ

Patient: C [REDACTED], Kelli
ID: LMT0695
DOB: [REDACTED] 1963
Exam Date: 09/17/2018

Clinical Information: CT screening for asbestos exposure.

Comparison CT Scans: None

Description: CT examination of the entire thorax was performed at low-dose CT settings. Images were obtained at 1.25 mm slice thickness. Multiplanar reconstructions were performed.

Lung nodules:

No pulmonary nodules are seen.

Emphysema: None.

Pleura: No pleural effusions.

Coronary Artery Calcifications: None in left main, none in left anterior descending, minimal in circumflex, and none in right coronary. The Visual Coronary Artery Calcium (CAC) Score is 1.

Aortic Calcifications: Minimal.

Cardiac Findings: No pericardial effusion.

Widest main pulmonary artery diameter is 26.9 mm. Widest ascending aortic diameter at the same level is 27.6 mm. The ratio is 0.97.

Mediastinum: No abnormalities.

There are multiple calcified lymph nodes in the right axillary and supraclavicular regions, with the largest one measuring 25 mm x 20 mm.

Small left Bochdalek hernia is noted.

Breast Density: Heterogeneously dense.

Abdomen: Limited view of the upper abdomen reveals no abnormalities.

Name: C [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539111

0019

Exhibit 24-19

09/17/2018

C [REDACTED], Kelli

IMPRESSIONS:

1. No evidence of nodules.
2. Multiple calcified lymph nodes in the right axillary and supraclavicular regions.
3. The Visual Coronary Artery Calcium (CAC) Score is 1.

RECOMMENDATION: Annual repeat CT in one year on September 17, 2019.

Thank you for the courtesy of this referral.

Sincerely,

David F. Yankelevitz, MD

Electronically signed

References:

Recommendations for nodules and other findings are detailed in the I-ELCAP Protocol.
A summary and the full I-ELCAP protocol can be viewed at: <http://ielcap.org/protocols>.

ORDINAL SCORE	AGATSTON SCORE	RISK	RECOMMENDATIONS*
0	0	Very low	<ul style="list-style-type: none"> • Healthy lifestyle
1-3	1-100	Mild to moderately increased	<ul style="list-style-type: none"> • Healthy lifestyle • Moderate statin • ASA
4-12	>100	Moderate to severely increased	<ul style="list-style-type: none"> • Healthy lifestyle • Very intensive statin + second drug as needed • ASA • Consider functional testing to r/o obstruction • Aggressive BP lowering • Referral to internist or preventive cardiologist

1. Shemesh J, Henschke CI, Shaham D, et al. Ordinal scoring of coronary artery calcifications on low-dose CT scans of the chest is predictive of death from cardiovascular disease. Radiology. 2010; 257: 541-8.

2. Htwe Y, Cham MD, Henschke CI, et al. Coronary artery calcification on low-dose computed tomography: comparison of Agatston and Ordinal Scores. Clinical Imaging. 2015; 39: 799-802.

*3. Expert Work Group Members. 2016 SCCT/STR Guidelines for Coronary Artery Calcium Scoring of Noncontrast Noncardiac CT Scans. A report of the Society of Cardiovascular Computed Tomography / Society of Thoracic Radiology.

2 / 2

Name: C [REDACTED], Kelli

DOB: [REDACTED] 1963

Date:

CARD-ASB0539112

0020

Exhibit 24-20

Person ID	ID	Last Name	First Name	Middle Name	Visit Date	Birth Date	CXR Screening type	CT Screening type	Visit	Age	Age Category	Weight	Height
5440	821181	Cap█	Kelli	A	8/11/2016	████████/1963	1	1	3	41	Between age 35-49	112	62.5
5441					10/19/2015	████████/1963	2	2	2	52	Between age 50-64		
5442					12/2/2015	████████/1963	2	2	3	44	Between age 35-49	112	62.5

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

1

0021

Person ID	ID	Last Name	First Name	Race	Residency	New Pt?	Seen MD?	Recall Class (1, 3, or 5 yrs)	Smoker	Quit smoking since previous Screening
5440				Caucasian	3	1	4	3-5	2	2
5441	821181	[REDACTED]	Kelli	Caucasian	3	1	4	1	1	2
5442				Caucasian	3	1	4	1	1	2

Person ID	ID	Last Name	First Name	Diagnostic Track	Diagnosis Appt	FOBT	FOBT Mailed Date	FOBT Returned	FOBT Returned Date
5440				Deferred					
5441	821181	C [REDACTED]	Kelli	CT	11/30/2015	Deferred			
5442				Deferred					

Person ID	ID	Last Name	First Name	FOBT Results	Pt Notified of FOBT	NCM phone f/u?	NCM phone notes	Grace A/D	Grace Date	ATSDR	ARD
5440										2	
5441	821181	C█	Kelli							1	
5442										2	

Person ID	ID	Last Name	First Name	Pilot Interest	ARD Medicare Interest	ARD Medicare	CXR Date	CXR Set	2nd Set
5440	821181	Kell				2	8/11/2016	5X077	
5441	821181	Kell				1	10/7/2015	5X012	
5442						2	9/22/2015	5X016	

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

5

0025

Person ID	ID	Last Name	First Name	CARD (CXR)	CARD CXR (parenchymal)	CARD CXR (pleural)	B-Read1 (parenchymal)	B-Read1 (pleural)
5440					N	N	N	N
5441	821181 C█	Kelli			N	E	N	N
5442					N	N	N	N

Person ID	ID	Last Name	First Name	B-Read2 (parenchymal)	B-Read2 (pleural)	CXR PR Set	PR1 B-Read (parenchymal)	PR1 B-Read (pleural)	PR1 B-Reader Name
5440	821181	Kell				PRX51	N	N	Kanne
5442									

Person ID	ID	Last Name	First Name	PR2 B-Read (parenchymal)	PR2 B-Read (pleural)	PR2 B-Reader Name	PR3 B-Read (parenchymal)	PR3 B-Read (pleural)
5440								
5441	821181	[REDACTED]	Kelli	N	N	Meyer	N	N
5442								

Person ID	ID	Last Name	First Name	PR3 B-Reader Name	PR4 B-Read (parenchymal)	PR4 B-Read (plural)	PR4 B-Reader Name	PR1 B-Read SentDate
5440	8211810							
5441	8211810	Kelli	Parker	N	N	Szelink		12/21/2015
5442								

Person ID	ID	Last Name	First Name	PR1 B-Read ReturnDate	PR1 B-Read InvoiceDate	PR1 B-Read InvoiceID	PR1 B-Read Notes	PR2 B-Read SentDate
5440								
5441	821181-C-[REDACTED]	C-[REDACTED]	Kelli	1/11/2016			Calcified lymph nodes right axilla.	12/21/2015
5442								

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

10

0030

Person ID	ID	Last Name	First Name	PR2 B-Read ReturnDate	PR2 B-Read InvoiceDate	PR2 B-Read InvoiceID	PR2 B-Read Notes	PR3 B-Read SentDate
5440	821181	Ce	Kelli	1/11/2016				12/21/2015
5442								

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

11

0031

Person ID	ID	Last Name	First Name	PR3 B-Read ReturnDate	PR3 B-Read InvoiceDate	PR3 B-Read InvoiceID	PR3 B-Read Notes	PR4 B-Read SentDate
5440 5441	821181	[REDACTED]	Kelli	1/11/2016			Old lymphangioma shadows on PT right questionable.	12/21/2015
5442								

Person ID	ID	Last Name	First Name	PR4 B-Read ReturnDate	PR4 B-Read InvoiceDate	PR4 B-Read InvoiceID
5440						
5441	821181	Kell	Kell	1/18/2016		
5442						

Person ID	ID	Last Name	First Name	PR4 B-Read Notes
5440				
5441	821181 C [REDACTED]	Kelli		High density/calcified ?? at right axillary space and right acromion/suprACLAVICULAR area. Clinical correlation recommended.
5442				

Person ID	ID	Last Name	First Name	CT Date	CT Set	CARD CT (parenchymal)	CARD CT (pleural)	Outside CT (parenchymal)	Outside CT (pleural)
5440					Deferred				
5441	821181C [REDACTED]	Kelli		10/26/2015	ST007	N	Y	N	N
5442					Deferred				

Person ID	ID	Last Name	First Name	Outside CT Reader Name	CT PR Set	PR1 CT (parenchymal)	PR1 CT (pleural)	PR1 CT-Reader Name	PR2 CT (parenchymal)
5440	821181	C [REDACTED]	Kelli		PRCT51	N	N	Kanne	N
5441									
5442									

Person ID	ID	Last Name	First Name	PR2 CT (plural)	PR2 CT-Reader Name	PR1 CT SentDate	PR1 CT ReturnDate	PR1 CT InvoiceDate	PR1 CT InvoiceID
5440									
5441	821181	C [REDACTED]	Kelli	N	Meyer	12/11/2015	1/11/2016		
5442									

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

17

0037

Person ID	ID	Last Name	First Name	PR1 CT Notes	PR2 CT SentDate	PR2 CT ReturnDate	PR2 CT InvoiceDate	PR2 CT InvoiceID	PR2 CT Notes
5440									
5441	821181 C█		Kelli	Densely calcified right axillary lymph nodes.	12/11/2015	1/11/2016			CATT right axillary lymph nodes.
5442									

Person ID	ID	Last Name	First Name	Dx on Outside Read Only	Dx on Previous Outside Read	Entry into FLASH?	FLASH Date	Method of Entry	LAMP II
5440	821181C	C	Kelli	FALSE	FALSE	FALSE			
5441	821181C	C	Kelli	FALSE	FALSE	FALSE			
5442	821181C	C	Kelli	FALSE	FALSE	FALSE			

Person ID	ID	Last Name	First Name	Significant Findings
5440				
5441	821181	C█	Kelli	
5442				

Person ID	ID	Last Name	First Name	Focal Opacity	Focal Opacity 4mm	Lung mass	Thyroid mass	Kidney mass	Spleen mass	Adrenal mass	Breast mass
5440	821181	C	Kell	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
5441	821181	C	Kell	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
5442				FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE

Person ID	ID	Last Name	First Name	Other mass	Other mass detail	Symptomatic	Symptomatic Notes	Spirometry Read
5440				FALSE		2		1
5441	821181 C	Kelli		FALSE		1		2
5442				FALSE		1		1

Person ID	ID	Last Name	First Name	Spirometry Results	ARDRM	ARDRMT	ARDRP	ARDRPT	ARDRSW
5440					0	0	0	0	0
5441	821181 C [REDACTED]		Kelli		0		0		0
5442					0	0	0		0

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

23

0043

Person ID	ID	Last Name	First Name	ARDRHA	ARDRRT	ARDPREHAB	ARDNUTRI	ARDRO	ARDROT	ARDNONE	NARDRPC
5440				0	0	0	0	0	0	0	0
5441	821181 C	Kell		0	0	0	0	0	0	0	-1
5442				0	0	0	0	0	0	0	-1

Person ID	ID	Last Name	First Name	NARDRC	NARDRH	NARDPAP	NARDRO	NARDROT	EdSmokingCess	EdDiet
5440				0	0	0	0	0	0	0
5441	821181	[REDACTED]	Kelli	0	0	0	0	0	-1	0
5442				0	0	0	0	0	1	0

Person ID	ID	Last Name	First Name	EdBreathingTech	EdPhysioDM	EdPsychoDM	EdBenefits	EdOther
5440	821181C	Kelli		0	0	0	0	0
5441	821181C	Kelli		0	0	0	-1	0
5442				0	0	0	0	0

Person ID	ID	Last Name	First Name	EdOtherT	EdOutReadBenefits	EdOutReadSigFindingFU
5440					FALSE	FALSE
5441	8211810	Kelli			FALSE	FALSE
5442					FALSE	FALSE

Person ID	ID	Last Name	First Name	NoPCP	PCPName	PCPTel
5440	821181	C [REDACTED]	Kelli	0	Scott Sweeny MD 0 Terry Davenport MD	7042895617 2082452591
5442				0	George Nicholas MD	6053527711

Person ID	ID	Last Name	First Name	PCPAddress1	PCPAddress2
5440				Union Primary Care	5955 Monroe-Weddington Road
5441	821181C	C	Kelli	Saint Maries Family Medicine	229 South Seventh Street
5442				Huron Community Clinic	530 Iowa Avenue Southeast Street, Suite 106

Person ID	ID	Last Name	First Name	PCP City	PCP State	PCP Zip	PCP Consent	PCP Consent New	Results Letter Sent PCP	PCP Sent Date
5440	821181	Chapel	Keili	Chapel Hill	NC	28104	8	2	1	8/31/2016
5441	821181	C	Keili	Saint Maries	ID	83861	8	2	1	12/8/2015
5442				Huron	SD	57350	8	2	1	12/30/2015

Person ID	ID	Last Name	First Name	PCPSentInitials	PCPpacketSentDate	ResultsLetterSentPt	PtSentDate	PtSentInitials	TARConsent
5440				cf	8/31/2016				8
5441	821181C	Kelli		cf	12/8/2015				8
5442				cf	12/30/2015				8

Person ID	ID	Last Name	First Name	TARConsentNew	TARInfoSent	TARSentDate	TARSentInitials	1st B-Read Sent	FedEx CXR	FedEx CXR Returned
5440	821181	C	Kelli	1				9/16/2016		
5441	821181	C	Kelli	1				2/17/2016		
5442	821181	C	Kelli	2				12/30/2015		

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

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0052

Person ID	ID	Last Name	First Name	CXR To Whom1	CXR To Whom2	1st B-Read Returned	2nd B-Read Returned
5440		Szeinuk				9/29/2016	
5441	821181	Keili	Lynch			3/3/2016	
5442			Lynch			2/11/2016	

Person ID	ID	Last Name	First Name	B-reader Notes	Date CT Mailed	FedEx CT	FedEx CT Returned	CT to Whom1
5440 5441	821181C	C	Kelli	Right axillary nodule calcification.	12/11/2015			NOT SENT Lynch
5442								NOT SENT

Person ID	ID	Last Name	First Name	Date CT Returned
5440				
5441	821181 C		Kelli	3/29/2016
5442				

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

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0055

Person ID	ID	Last Name	First Name	Post CT Notes
5440				
5441	821181C■		Kelli	
5442				

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

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0056

Person ID	ID	Last Name	First Name	Outside Study?
5440				
5441	821181C■		Kelli	
5442				

Person ID	ID	Last Name	First Name	Outside CT read notes
5440				
5441	821181	C█	Kelli	Right axillary nodule calcifications.
5442				

Person ID	ID	Last Name	First Name	Outside read reviewed	CXR Chk Num	CT Chk Num	PR1-X Chk Num	PR2-X Chk Num	PR3-X Chk Num	PR4-X Chk Num
5440					13112					
5441	821181	C	Kelli	Previously Addressed	12918	12918	12520	12520	12499	12499
5442					12918					

Person ID	ID	Last Name	First Name	PR1-CT Chk Num	PR2-CT Chk Num	Referrals made (to whom)	1st B-reader diagnosis of ARD
5440							
5441	821181	[REDACTED]	Kelli	12520	12520		
5442							

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

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0060

Person ID	ID	Last Name	First Name	2nd B-reader diagnosis of ARD	3rd Reader Mailed	ToWhom3	3rd B-read Returned	3rd B-reader diagnosis of ARD
5440								
5441	821181	C	Kelli					
5442								

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

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0061

Person ID	ID	Last Name	First Name	JS (parenchymal)	JS (pleural)	EP (parenchymal)	EP (pleural)	JP (parenchymal)	JP (pleural)	B disposition (parenchymal)
5440										
5441	821181 C [REDACTED]		Kelli							
5442										

Person ID	ID	Last Name	First Name	B disposition (plural)	LDS Referral	LDS Referral Name	LDS Referral Gift Sent	LDS Referral Gift Sent Date
5440					FALSE			
5441	821181C	C	Kelli		TRUE	Hufman, Stephen	Flashlight	12/8/2015
5442					FALSE			

Person ID	ID	Last Name	First Name	Reader_Mailings_Hidden	Pcp_Results_Hidden	Pre_7_1_2011_Screening	CXR InvoiceDate	CXR InvoiceID	CT InvoiceDate
5440	821181C	Kelli		TRUE	TRUE	FALSE			
5441			Keili	TRUE	TRUE	FALSE			
5442				TRUE	TRUE	FALSE			

Person ID	ID	Last Name	First Name	CT InvocelD
5440				
5441	821181	[REDACTED]	Kelli	
5442				

8/24/2018 from Attorney Bechtold - Response to CARD Subpoena

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0065



PATIENT: Sandy R [REDACTED]
 DATE OF BIRTH: [REDACTED] 1964
 DATE: 08/26/2014 01:00 PM
 VISIT TYPE: Office Visit

This 50 year old female presents for Screening Visit (New) and History of Asbestos Exposure.

History of Present Illness:

1. Screening Visit (New)

50-year-old, female, heavy smoker, is here for initial screening. She has a greater than 20 pack year smoking history she switched to e cigarettes 7 months ago and has discontinued this 9 days ago. She still smokes marijuana recreationally on a daily basis.

She is concerned because of a persistent cough that began in December 2013 and continues today. The cough is sometimes dry and sometimes productive of a clear to yellowish sputum. She has not sought medical care for the cough secondary to having no insurance. In addition there are complaints of chest pain in the posterior shoulder blade areas bilaterally. This pain is mostly dull and constant with sharp components unrelated to position or activity. She is not entirely certain but believes both feet chest pain and the cough have progressed over the past few months. She initially thought the back pain was due to her large pendulous breasts that were poorly supported (40 DD). She works as an office manager at a mostly sedentary job. She has been doing some exercises for the past 6 months and claims to have lost 48 pounds in this time. She claims to be short of breath with exertion but cannot quantify this specifically with time distance or degree of incline. She has no formal exercise.

2. History of Asbestos Exposure

Moved to Libby in 1983 at 18 years of age, accompanied by her immediate family. Her father worked as the scale house manager, weighing trucks loaded with vermiculite. The patient worked as a home care giver in various homes throughout Libby and Troy areas. Her husband later got employment at Asarco in Troy where they lived until 1990. During her time in Lincoln County a remodeled several homes in the Libby area that were insulated with vermiculite. He fished along the River especially near the rainy Creek and the Zonelite trestle. She helped her father run Rohl in the rainy Creek drainage, they raised hay and local fields, and they had vermiculite in their family garden.

She does not recall specifically playing in vermiculite stockpiles but her children did.

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Notes
Asbestos-induced pleural thickening		Y	
H/O: asbestos exposure		N	

Medications (active prior to today)

Medication Name	Sig Desc	Start Date	Stop Date	Refilled	Elsewhere
topiramate 50 mg tablet	take 1 tablet by oral route	//			Y

R [REDACTED], Sandy 000000820606 [REDACTED] 1964 08/26/2014 01:00 PM 1/4

CARD-ASB0328082
 0001



Dep. [REDACTED]

Exhibit 25-1

levothyroxine 150 mcg tablet	every day take 1 tablet by oral route // every day	Y
Cymbalta 60 mg capsule,delayed release	take 1 capsule by oral route // every day	Y
Advil PM 200 mg-38 mg tablet	//	Y

Medication Reconciliation

Medications reconciled today.

Adherence	Medication Name	Sig Desc	Elsewhere	Status
taking as directed	topiramate 50 mg tablet	take 1 tablet by oral route every day	Y	Verified
taking as directed	levothyroxine 150 mcg tablet	take 1 tablet by oral route every day	Y	Verified
taking as directed	Cymbalta 60 mg capsule,delayed release	take 1 capsule by oral route every day	Y	Verified
taking as directed	Advil PM 200 mg-38 mg tablet		Y	Verified

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

REVIEW OF SYSTEMS

System	Neg/Pos	Details
Hema/Lymph	Positive	Easy bruising.
Eyes	Positive	Eye discharge, Eye pain, Vision changes.
ENMT	Positive	Ear drainage, Otolgia, Sinus pressure.
Cardio	Positive	Chest pain.
Psych	Positive	Anxiety, Depression, Insomnia.
Respiratory	Positive	Cough, Dyspnea, Wheezing.
Constitutional	Positive	Chills, Fatigue, Night sweats, Weight loss.
MS	Positive	Joint pain.
Constitutional	Negative	Weight gain.
Allergic/Immuno	Negative	Contact allergy, environmental allergies, food allergies and seasonal allergies.
Respiratory	Negative	Chronic cough.
ENMT	Negative	Hearing loss, nasal drainage and sore throat.
Hema/Lymph	Negative	Easy bleeding.
MS	Negative	Joint swelling.
Cardio	Negative	Edema and irregular heartbeat/palpitations.

VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	BMI kg/m2	BSA m2	O2 Sat%
2:32 PM	150/80	86				63.50	161.29	184.00	83.461	32.08		99

R█, Sandy 000000820606 █ 1964 08/26/2014 01:00 PM 2/4

CARD-ASB0328083
0002

MEASURED BY

Time Measured by
 2:32 PM Linda Storkson

Physical Exam

Exam	Findings	Details
General Exam	Comments	large pendulous breasts poorly supported in undergarments, slouched posture, no acute distress
Constitutional	Normal	Well developed.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Inspection - Right: Normal, Left: Normal. Hearing - Right: Normal, Left: Normal.
Respiratory	Comments	FVC 97%, FEV1 103%, FEV1/FVC 84%, BASE LINE wnl
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rhythm. No murmurs, gallops, or rubs.
Extremity	Normal	No edema.
Neurological	Normal	Memory - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal insight. Normal judgment.

Completed Orders (this encounter)

Order	Details	Reason	Interpretation	Result
Pulse Oximetry, Resting Screening				normal
Spirometry Screening				
CHEST X-RAY, PA			equivocal	Questionable pleural thickening
Continued physical activity, immunizations, chronic disease monitoring				
Smoking Cessation Counseling, 3-5 minutes, MT Quitline info given				

Assessment/Plan

#	Detail Type	Description
1.	Assessment	History of asbestos exposure (V15.84).
	Plan Orders	The patient had the following procedure(s) completed today Spirometry Screening. The patient had the following test(s) completed today Pulse Oximetry, Resting Screening.
2.	Assessment	Pleural Thickening (511.0).
	Impression	New DX based on CT results. Patient scheduled to follow up suspicious nodules elsewhere but prefers to follow up here..
	Plan Orders	Further diagnostic evaluations ordered today include(s) Chest CT WITHOUT Contrast to be performed in 3 Months. The patient is to have ARD Educational Booklet and Benefits Counseling performed in 3 Months. Today's instructions / counseling include(s) Continued physical activity, immunizations, chronic disease monitoring and Smoking Cessation Counseling, 3-5 minutes, MT Quitline info given. She is to schedule a follow-up visit with Miles Miller, PA for Diagnosed CT F/U 3 Months

Medications (Added, Continued or Stopped this visit)

Started	Medication	Directions	Instruction	Stopped
---------	------------	------------	-------------	---------

R[REDACTED], Sandy 000000820606 [REDACTED] 1964 08/26/2014 01:00 PM 3/4

CARD-ASB0328084
0003

Advil PM 200
mg-38 mg tablet
Cymbalta 60 mg take 1 capsule by oral route
capsule,delayed every day
release
levothyroxine 150 take 1 tablet by oral route
mcg tablet every day
topiramate 50 mg take 1 tablet by oral route
tablet every day

Diagnostic Services Completed this visit

Test	Ordered	Status	Result
CT CHEST W/ CONTRAST		completed	per Dr. Black, numerous nodes 2-4 mm, moderate pleural thickening noted,
Chest CT WITHOUT Contrast	08/26/2014	ordered	

The patient was checked out at 4:26 PM by Linda Storkson.

Provider: Miles Miller PA 08/26/2014 05:23 PM

Document generated by: Miles Miller 08/26/2014 05:23 PM

R [REDACTED] Sandy 000000820606 [REDACTED] 1964 08/26/2014 01:00 PM 4/4

CARD-ASB0328085
0004

Exhibit 25-4

Electronically signed by DEB Mather, Miles PA on 08/26/2014 at 12:38 PM for privileged and confidential and for the sole use of the intended recipient.

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: R [REDACTED] SANDY Date: 08/26/14
Patient BD: [REDACTED] 1964 Patient location: L. IMAGING Rm #:
Ordering Dr: MILLER, MILES PC-A

CC:
MILLER,MILES PA-C

Exam Date and Time: 08/26/2014 12:25
PROCEDURE: CHEST RADIOGRAPH - SINGLE VIEW (AP or PA)

COMPARISON: Previous chest x-ray from 07/08/2011 and 07/06/2011.

INDICATIONS: Asbestos exposure.

FINDINGS:
No pleural-based thickening or plaquing is noted. Tenting of the left hemidiaphragm has the appearance of scarring from previous inflammation. No interstitial fibrosis. No pleural fluid. The heart is normal in size.

CONCLUSION:
No evidence for previous asbestos exposure.

Dictated by: Stephen Becker, M.D. on 8/26/2014 at 13:38
Transcribed by: JW on 8/26/2014 at 16:30
Electronically Signed by: Stephen Becker, M.D. on 8/26/2014 at 15:52

Dictated by: STEPHEN BECKER , M.D.

Electronically signed by: BECKER, STEPHEN , M.D.
08/26/14 1554

BECST/jw6
08/26/14 1338

IMAGING REPORT - MEDITOR

NAME: R [REDACTED] SANDY MR#: M000058020 Rpt#: 0826-0054
ACCT#: AA0000822938

Name: R [REDACTED], Sandy

DOB: [REDACTED] 1964

Date:

CARD-ASB0328187
0005

Environmental Health Hazards Checklist
Medicare Coverage for Individuals Exposed to Environmental Health Hazards

Step 1: Identify the Individual. (Completed by the field office.)		
First Name – Middle Initial – Last Name	<i>Sandy L. R.</i>	
Social Security Number		Date of Birth

Step 2: Identify the asbestos-related condition(s) and its date of diagnosis. (Completed by the provider.)		
Check the box next to the diagnosed impairment(s) and print the date of diagnosis.		
Impairment	Diagnosis Code	Minimum Medical Evidence Required
<input type="checkbox"/> Asbestosis	5010	Interpretation by a B reader qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician
<input checked="" type="checkbox"/> Pleural thickening Pleural plaques	5010	Interpretation by a B reader qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician
<input type="checkbox"/> Mesothelioma	1630	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage or bronchoscopy report
<input type="checkbox"/> Malignancy of the lung	1620	Established by pathologic examination of biopsy tissue, cytology from bronchioalveolar lavage or bronchoscopy report
<input type="checkbox"/> Malignancy of the colon	1530	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the rectum	1530	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the larynx	1950	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the stomach	1510	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the esophagus	1500	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the pharynx	1950	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Malignancy of the ovary	1830	Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage
<input type="checkbox"/> Individual does not have an impairment listed above		
Date of Diagnosis:	08/26/2014	

Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider.)		
This individual was present in Lincoln County, Montana, during the following time period(s):	<i>1983 to Present</i>	
Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (SSA will develop presence.)		

Printed Name	Physician's Signature	Date
<i>Dr. Brad Black</i>	<i>Brad Black, MD</i>	08/26/2014

Name: R [redacted] Sandy

DOB: [redacted] 1964

Date:

CARD-ASB0328119
0006



Benefits

Patient Name: Sandy R█
Date of Birth: ████/1964
Encounter Date: 06/14/2016

EHH: 08/26/2014

Pulse Oximeter: No

Improved Access: Yes

Completed by:
Miller, Miles 06/14/2016 4:25 PM

Document Generated By: Timothy Stuckey 06/14/2016 04:25 PM

CARD-ASB0328109
0007

Exhibit 25-7

WHOSE Records to be Disclosed		Form Approved OMB No. 0960-0623
NAME (First, Middle, Last, Suffix)		
SSN [REDACTED] Birthdate [REDACTED] / [REDACTED] / [REDACTED]		
[REDACTED] - 64		

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW **

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):
OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

TO WHOM The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY IF not signed by subject of disclosure, specify basis for authority to sign
INDIVIDUAL authorizing disclosure

SIGN

Sandy R

(Parent/Guardian/personal representative sign here if two signatures required by State law) ►

Date Signed

8-26-14

Street Address

[REDACTED]

State

NY

ZIP

59923

466

Phone Number (with area code)

City

Libby

Phone Number (or Address)

State

NY

ZIP

59923

WITNESS I know the person signing this form or am satisfied of this person's identity:

SIGN ►

IF needed, second witness sign here (e.g., if signed with "X" above)

SIGN ►

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-827 (11-2012) ef (11-2012) Use 4-2009 and Later Editions Until Supply is Exhausted

Page 1 of 2

Name: R [REDACTED], Sandy

DOB: [REDACTED] 1964

Date:

CARD-ASB0328120
0008

Exhibit 25-8

Patient Name
SANDY R [REDACTED]Site Name
SJLHAccount No. Medical Record Number
AA0000822010 LM00058020
At the Request Of:
JAY MALONEY

DOB: [REDACTED] 1964 Age: 50 Sex: F Date: 8/14/2014 Time: 15:55

PROCEDURE: CT: CHEST WITH CONTRAST FOR PE**COMPARISON:** No prior CT examinations are available for comparison purposes. CT of the abdomen and pelvis 01/02/2013 and 07/21/2011 are present.**INDICATIONS:** 50-year-old female with history of pleuritic right-sided chest pain. The patient has a prior history of pulmonary emboli.**TECHNIQUE:** Helical axial imaging was performed of the chest with the administration of contrast using a 16-slice multidetector CT.**CONTRAST:****FINDINGS:**

Contrast opacification of the pulmonary arterial tree is adequate for interpretation. No focal filling defects are present within the pulmonary arterial tree to suggest acute pulmonary emboli. There is truncation of a right lower lobe subsegmental pulmonary artery branch with surrounding hyper lucency present, best identified on image 65 of the lung windows. There is a similar focal hyper lucency present involving the right middle lobe on image 49 of the lung windows. These two findings are unchanged in appearance when compared to the previous examination of 07/21/2011 and likely represent a sequela of previous pulmonary emboli. There are numerous bilateral small pulmonary nodules scattered throughout the lungs. These pulmonary nodules are not clearly evident on the 07/21/2011 CT of the abdomen or within the visualized lung bases on the 01/02/2013 examination. The numerous pulmonary nodules present throughout the lungs range between 2 mm and 4 mm in size and demonstrated on the montage. Borderline right hilar lymph nodes measure up to 10 mm in short axis diameter. No significant mediastinal or axillary adenopathy is present.

Diminished attenuation anteriorly within the left hepatic lobe most likely represents focal fatty infiltration given the location. Intrahepatic and extrahepatic biliary dilatation is present with the common bile duct measuring 13 mm. Postoperative changes of prior cholecystectomy are present. Mild fullness of the bilateral adrenal glands may represent a component of adrenal hyperplasia.

CONCLUSION:

1. No evidence of acute pulmonary embolism.
2. There are subtle findings which are compatible with the patient's history of chronic pulmonary embolism with attenuation of subsegmental pulmonary artery branches within the right lower lobe and medial right middle lobe.
3. Numerous bilateral pulmonary nodules are present on the order of 2-4 mm in diameter. Borderline right hilar lymph node measures up to 10 mm short axis diameter.
4. Findings are nonspecific and can be seen with an atypical infectious process (granulomatous disease). Other etiologies such as pulmonary metastatic disease would be difficult to exclude and short interval follow up is recommended. Has this patient had a history of a primary malignancy?
5. Intrahepatic and extrahepatic biliary dilatation is present with a common bile duct of 13 mm in diameter. This most likely represents post cholecystectomy changes in a patient without a significant elevation in LFTs.
6. Probable focal fatty infiltration along the falciform ligament.
7. Incidental note of an aberrant right subclavian artery origin.

Dictated by: Nick Cantrell, M.D. on 8/14/2014 at 16:50
 Transcribed by: JW on 8/14/2014 at 18:08

Name: R [REDACTED] Sandy

DOB: [REDACTED] 1964

Date:

CARD-ASB0328185
0009

Continued Report - Page 2 of 2

Patient Name
SANDY R [REDACTED]

Site Name
SJLH

Account No	Medical Record Number	DOB	Age	Sex	Date	Time
AA0000822010	LM00058020	[REDACTED] 1964	50	F	8/14/2014	15:55
At the Request Of JAY MALONEY						

Electronically Signed by: Nick Cantrell, M.D. on 8/15/2014 at 17:34

Name: R [REDACTED], Sandy

DOB: [REDACTED] 1964

Date:

CARD-ASB0328186
0010

Exhibit 25-10

Electronically Signed By: Miller, Miles PA 11/20/2017 03:46:49 PM
The info contained in this fax is privileged and confidential and for the sole use of the intended recipient

CABINET PEAKS MEDICAL CENTER
209 HEALTH PARK DRIVE
LIBBY, MONTANA 59923

Page 1 of 1

REPORT STATUS: Signed

Patient: R [REDACTED] SANDY L Date: 12/09/15
Patient BD: [REDACTED] 1964 Patient location: LIMAGING Rm #:
Ordering Dr: MILLER, MILES PC-A

cc:
MILLER, MILES PA-C

Exam Date and Time: 12/09/2015 12:30
PROCEDURE: RADIOGRAPH: CHEST, SINGLE VIEW

COMPARISON: Cabinet Peaks Medical Center, CT, CT CHEST W/O,
10/03/2014, 13:59. ST JOHN'S LUTHERAN HOSPITAL, RAD, XR CHEST 1 VIEW,
8/26/2014, 12:25.

INDICATIONS: Pleural plaquing.

FINDINGS:

Lung volumes are normal. There is no pneumothorax. Cardiac and mediastinal contours are normal. Ventricular opacity at the left lower lobe is consistent with epicardial fat pad and scarring. No pleural effusion. No consolidation. No visible pleural calcifications. Surgical clips in the right upper quadrant of the abdomen.

CONCLUSION: Appearance the chest is unchanged from prior. No visible calcified pleural plaques.

Dictated by: Nicholas Satovick, M.D. on 12/09/2015 at 13:05
Electronically Signed by: Nicholas Satovick, M.D. on 12/09/2015 at
13:07

Dictated by: NICHOLAS J SATOVICK M.D., M.D.

Electronically signed by: SATOVICK, NICHOLAS J M.D., M.D.
12/09/15 1307

IMAGING REPORT - MEDITOR

NAME: R [REDACTED] SANDY L MR#: M000058020 Rpt#: 1209-0038
ACCT#: AA0000865775

Name: R [REDACTED], Sandy

DOB: [REDACTED] 1964

Date:

CARD-ASB0328184
0011

Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
topiramate 50 mg tablet	take 1 tablet by oral route every day	//	12/10/2015		Y
levothyroxine 150 mcg tablet	take 1 tablet by oral route every day	//	12/10/2015		Y
Cymbalta 60 mg capsule,delayed release	take 1 capsule by oral route every day	//			Y
Advil PM 200 mg-38 mg tablet		//			Y
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	inhale 1 puff by inhalation route 2 times every day in the morning and evening approximately 12 hours apart	11/25/2014	12/10/2015		N
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	inhale 1 puff by inhalation route 2 times every day in the morning and evening approximately 12 hours apart	11/25/2014	06/07/2016	06/07/2016	N
hydrocodone 7.5 mg-acetaminophen 325 mg/15 mL oral solution	take 10 milliliter by oral route every 4 - 6 hours as needed for pain	11/25/2014	12/10/2015		N
levothyroxine 50 mcg tablet	take 1 tablet by oral route every day	//			Y
clonidine HCl	take 1 tablet by oral route every day	//			Y
omeprazole	take 1 capsule by oral route every day before a meal	//			Y

Medication Reconciliation

Medications reconciled today.

Allergies

Ingredient	Reaction	Medication Name	Comment
ESZOPICLONE		Lunesta	

Reviewed, no changes.

Review of Systems

System	Neg/Pos	Details
Constitutional	Positive	Night sweats.
Constitutional	Negative	Fatigue, fever, weight gain and weight loss.
Respiratory	Positive	Chronic cough, Dyspnea, Known TB exposure, Wheezing.
Cardio	Positive	Chest pain.
Psych	Positive	Anxiety, Depression, Insomnia.
MS	Positive	Back pain, Joint pain, Joint swelling.
Hema/Lymph	Positive	Easy bleeding, Easy bruising.
Allergic/Immuno	Negative	Contact allergy, environmental allergies, food allergies and seasonal allergies.

R [REDACTED] Sandy 000000820606 [REDACTED] 1964 12/10/2015 08:00 AM 2/6

CARD-ASB0328097
0012

Exhibit 25-12

Extremity	Normal	No edema.
Neurological	Normal	Memory - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal insight. Normal judgment.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Pleural Thickening (511.0), chronic.
	Impression	ARD with chest pain.
	Patient Plan	NPO before bed.
	Plan Orders	She is to schedule a follow-up visit with Miles Miller, PA for Chronic ARD F/U 1 Year
2.	Assessment	Cough (786.2).
	Impression	Etiology unclear, high suspicion of bronchial irritation. Associated chest pain does not seem to be pleuritic in nature, but musculoskeletal..
	Patient Plan	Discontinue all irritants including recreational marijuana, noxious perfumes or scents, dust and mold exposures/etc. Discontinue smoking at earliest convenience. Consider reflux esophagitis. Provided hydrocodone elixir for use just prior to bedtime and Advair discs (500/50)
3.	Assessment	Tobacco Use (V15.82).

Medications (Added, Continued or Stopped this visit)

Started	Medication	Directions	Instruction	Stopped
11/25/2014	Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	inhale 1 puff by inhalation route 2 times every day in the morning and evening approximately 12 hours apart		
11/25/2014	Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	inhale 1 puff by inhalation route 2 times every day in the morning and evening approximately 12 hours apart		
	Advil PM 200 mg-38 mg tablet			
	Cymbalta 60 mg capsule,delayed release	take 1 capsule by oral route every day		
	levothyroxine 150 mcg tablet	take 1 tablet by oral route every day		
11/25/2014	Lortab Elixir 7.5 mg-500 mg/15 mL oral solution	take 10 milliliter by oral route every 4 - 6 hours as needed for pain		
	topiramate 50 mg tablet	take 1 tablet by oral route every day		

Diagnostic Services Completed this visit

Test	Ordered	Status	Result
CHEST X-RAY, PA		completed	Questionable pleural thickening per Dr. Black, numerous nodes 2-4 mm, moderate pleural thickening noted,
CT CHEST W/ CONTRAST		completed	

R [REDACTED] Sandy 000000820606 [REDACTED] 1964 11/25/2014 09:00 AM 3/4

CARD-ASB0328091

0013

Exhibit 25-13

Person ID	ID	Last Name	First Name	Middle Name	Visit Date	Birth Date	CXR Screening type	CT Screening type	Visit	Age	Age Category	Weight	Height	Race	Residency	New Pt?
4944					9/9/2014				1	24	Under age 35	140	65.5	Caucasian		1
4945	820606	R [REDACTED]	Sandy		9/8/2014	1964			1	50	Between age 50-64	184	63.5	Caucasian		1
4946					9/11/2014				1	57	Between age 50-64	173	69.5	Caucasian		1

Person ID	ID	Last Name	First Name	Seen MD?	Recall Class (1, 3, or 5 yrs)	Smoker	Quit smoking since previous Screening	Diagnostic Track	Diagnosis Appt	FOBT
4944				4		1	2	2 CT	9/22/2014	N
4945	820606 R	Sandy		4	3 mo	1		2 CT	8/26/2014	Deferred
4946				4		1	2	2 CT	9/15/2014	Y

Person ID	ID	Last Name	First Name	FOBT Mailed Date	FOBT Returned	FOBT Returned Date	FOBT Results	Pt Notified of FOBT	NCM phone f/u?	NCM phone notes	Grace A/D	Grace Date
4944												
4945	820606 R	Sandy										
4946												

Person ID	ID	Last Name	First Name	ATSDR	ARD	Pilot Interest	ARD Medicare Interest	ARD Medicare	CXR Date	CXR Set	2nd Set	CARD (CXR)
4944						2			2	9/9/2014 4X018		
4945	820606	[REDACTED]	Sandy		1				1	8/26/2014 4X017		
4946						1			1	9/11/2014 4X019		

Person ID	ID	Last Name	First Name	CARD CXR (parenchymal)	CARD CXR (pleural)	B-Read1 (parenchymal)	B-Read1 (pleural)	B-Read2 (parenchymal)	B-Read2 (pleural)	CXR PR Set
4944				N	E	N	N			PRX18
4945	B20606	[REDACTED]	Sandy	N	E	N	N			PRX17
4946				N	E	N	N			PRX19

Person ID	ID	Last Name	First Name	PR1 B-Read (parenchymal)	PR1 B-Read (pleural)	PR1 B-Reader Name	PR2 B-Read (parenchymal)	PR2 B-Read (pleural)	PR2 B-Reader Name
4944				N	N	Kanne	N	N	Meyer
4945	820606	Sandy		N	N	Kanne	N	N	Meyer
4946				N	Y	Kanne	N	Y	Meyer

Person ID	ID	Last Name	First Name	PR3 B-Read (parenchymal)	PR3 B-Read (pleural)	PR3 B-Reader Name	PR4 B-Read (parenchymal)	PR4 B-Read (pleural)	PR4 B-Reader Name	PR1 B-Read SentDate
4944				N	N	Parker	N	N	Szelnuk	10/30/2014
4945	820606	R	Sandy	N	Y	Parker	N	N	Szelnuk	10/30/2014
4946				N	N	Parker	N	N	Szelnuk	10/30/2014

Person ID	ID	Last Name	First Name	PR1 B-Read ReturnDate	PR1 B-Read InvoiceDate	PR1 B-Read InvoiceID	PR1 B-Read Notes	PR2 B-Read SentDate	PR2 B-Read ReturnDate
4944				12/11/2014				10/30/2014	12/9/2014
4945	820606 R █	Sandy		12/11/2014				10/30/2014	12/9/2014
4946				12/11/2014				10/30/2014	12/9/2014

Person ID	ID	Last Name	First Name	PR2 B-Read InvoiceID	PR2 B-Read InvoiceID	PR2 B-Read Notes	PR3 B-Read SentDate	PR3 B-Read ReturnDate	PR3 B-Read InvoiceDate
4944							10/30/2014	12/1/2014	
4945	820606	Sandy				Scarring left diaphragm; clips in thyroid bed.	10/30/2014	12/1/2014	
4946							10/30/2014	12/1/2014	

Person ID	ID	Last Name	First Name	PR3 B-Read InvoiceID	PR3 B-Read Notes	PR4 B-Read SentDate	PR4 B-Read ReturnDate	PR4 B-Read InvoiceDate	PR4 B-Read InvoiceID
4944					Gallbladder clips.	10/30/2014	12/1/2014		
4945	820606	Sandy			Neck surgical clips parathyroid/thyroid questionable surgery	10/30/2014	12/1/2014		
4946						10/30/2014	12/1/2014		

Person ID	ID	Last Name	First Name	PR4 B-Read Notes
4944				
4945	820606	R [REDACTED]	Sandy	Metallic clips at neck; right upper chest.
4946				Localized non-segmented infiltrate in left mid lung field. Clinical correlation recommended to rule out infectious or other etiology.

Person ID	ID	Last Name	First Name	CT Date	CT Set	CARD CT (parenchymal)	CARD CT (pleural)	Outside CT (parenchymal)	Outside CT (pleural)	Outside CT Reader Name	CT PR Set	PR1 CT (parenchymal)
4944				9/10/2014	4T015	N	N	N	N		PRCT15	N
4945	820606 R	Sandy		8/14/2014	4T014	N	Y	N	N		PRCT14	N
4946				9/11/2014	4T016	N	Y	N	Y		PRCT16	N

Person ID	ID	Last Name	First Name	PR1 CT (pleural)	PR1 CT-Reader Name	PR2 CT (parenchymal)	PR2 CT (pleural)	PR2 CT-Reader Name	PR1 CT SentDate	PR1 CT ReturnDate	PR1 CT InvoiceDate
4944				N	Kanne	N	N	Meyer	10/30/2014	12/11/2014	
4945	820606	Sandy		N	Kanne	N	N	Meyer	10/30/2014	12/11/2014	
4946				Y	Kanne	N	Y	Meyer	10/30/2014	12/11/2014	

Person ID	ID	Last Name	First Name	PR1 CT InvoiceID	PR1 CT Notes	PR2 CT SentDate	PR2 CT ReturnDate	PR2 CT InvoiceDate	PR2 CT InvoiceID	PR2 CT Notes
4944						10/30/2014	12/9/2014			
4945	820606 R [REDACTED]	Sandy			Aberrant right subclavian artery, multiple small scattered nodules, mild right hilar lymph node enlargement.	10/30/2014	12/9/2014			Aberrant right subclavian artery, biliary ductal dilation.
4946						10/30/2014	12/9/2014			

Person ID	ID	Last Name	First Name	Dx on Outside Read Only	Dx on Previous Outside Read	Entry into FLASH?	FLASH Date	Method of Entry	LAMP II
4944				FALSE	FALSE				
4945	820606-[REDACTED]	Sandy		FALSE	FALSE				
4946				FALSE	FALSE				

Person ID	ID	Last Name	First Name	Significant Findings
4944				
4945	820605	[REDACTED]	Sandy	
4946				

Person ID	ID	Last Name	First Name	Focal Opacity	Focal Opacity 4mm	Lung mass	Thyroid mass	Kidney mass	Spleen mass	Adrenal mass	Breast mass	Other mass	Other mass detail
4944				FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	
4945	820606 R	Sandy		FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	
4946				FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	

Person ID	ID	Last Name	First Name	Symptomatic	Symptomatic Notes	Spirometry Read	Spirometry Results	ARDRM	ARDRMT	ARDRP
4944				1		2		0		0
4945	820606	R	Sandy	1		1		0		0
4946				1		1		0		0

Person ID	ID	Last Name	First Name	ARDRPT	ARDRSW	ARDRHA	ARDRRT	ARDPREHAB	ARDNUTRI	ARDRO	ARDROT	ARDNONE	NARDRPC	NARDRC
4944					0	0	0	0	0	0	0	0	0	0
4945	820606 R	Sandy			0	0	0	0	0	0	0	0	0	0
4946					0	0	0	0	0	0	0	0	0	0

Person ID	ID	Last Name	First Name	NARDRH	NARDPAP	NARDRO	NARDROT	EdSmokingCess	EdDiet	EdBreathingTech	EdPhysioDM	EdPsychoDM	EdBenefits
4944				0	0	0		0	0	0	0	0	0
4945	820606	[REDACTED]	Sandy	0	0	0		-1	0	0	0	0	-1
4946				0	0	0		0	0	0	0	0	-1

Person ID	ID	Last Name	First Name	EdOther	EdOtherT	EdOutReadBenefits	EdOutReadSigFindingFU	NoPCP
4944				0		FALSE	FALSE	0
4945	820606-[REDACTED]	Sandy		0		FALSE	FALSE	0
4946				0		FALSE	FALSE	0

Person ID	ID	Last Name	First Name	PCPName	PCPTel	PCPAddress1
4944				Gregory Rice MD	4062938711	Libby Clinic
4945	820606 Ry█	Sandy		Charles T Lagoy	4062933755	NWCHC
4946				William A Cuskelly MD	4062938711	Libby Clinic

Person ID	ID	Last Name	First Name	PCPAddress2	PCPCity	PCPState	PCPZip	PCPConsent	PCPConsentNew	ResultsLetterSentPCP
4944				211 East Second Street	Libby	MT	59923	1		
4945	820606 [REDACTED]	Sandy		320 East Second Street	Libby	MT	59923	1		
4946				211 East Second Street	Libby	MT	59923	1		

Person ID	ID	Last Name	First Name	PCPSentDate	PCPSentInitials	PCPpacketSentDate	ResultsLetterSentPt	PtSentDate	PtSentInitials	TARConsent	TARConsentNew
4944										1	
4945	820606	[REDACTED]	Sandy							1	
4946										1	

Person ID	ID	Last Name	First Name	TARInfoSent	TARSentDate	TARSentInitials	1st B-Read Sent	FedEx CXR	FedEx CXR Returned	CXR To Whom1	CXR To Whom2	1st B-Read Returned
4944							10/30/2014			Lynch		1/5/2015
4945	820606 h	Sandy					10/30/2014			Lynch		12/31/2014
4946							10/30/2014			Lynch		1/5/2015

Person ID	ID	Last Name	First Name	2nd B-Read Returned	B-reader Notes	Date CT Mailed	FedEx CT	FedEx CT Returned	CT to Whom1	Date CT Returned
4944						10/30/2014			Lynch	1/5/2015
4945	820606	R	Sandy		Lingular opacity - questionable pneumonia. Recommend 1) compare with older images, 2) If none available, CXR PA/LA.	10/30/2014			Lynch	1/5/2015
4946					Linear scar.	10/30/2014			Lynch	1/5/2015

Person ID	ID	Last Name	First Name	Post CT Notes
4944				
4945	820606	R [REDACTED]	Sandy	
4946				

Person ID	ID	Last Name	First Name	Outside Study?
4944				
4945	820606	R	Sandy	
4946				

Person ID	ID	Last Name	First Name	Outside CT read notes
4944				Esophageal wall thickening, questionable esophagitis.
4945	820601 R [REDACTED] 74	Sandy		Numerous poorly defined nodules, questionable infection, compare with old images, or repeat CT in two to three months.
4946				Right renal calculus, esophageal wall thickening.

Person ID	ID	Last Name	First Name	Outside read reviewed	CXR Chk Num	CT Chk Num	PR1-X Chk Num	PR2-X Chk Num	PR3-X Chk Num	PR4-X Chk Num	PR1-CT Chk Num	PR2-CT Chk Num
4944				No Action	11983	11993	11457					11499
4945	820606	Sandy		Previously Addressed	11983	11993	11457					11499
4946				No Action	11983	11993	11457					11499

Person ID	ID	Last Name	First Name	Referrals made (to whom)	1st B-reader diagnosis of ARD	2nd B-reader diagnosis of ARD	3rd Reader Mailed	ToWhom3	3rd B-read Returned
4944									
4945	820606 R		Sandy						
4946									

Person ID	ID	Last Name	First Name	3rd B-reader diagnosis of ARD	JS (parenchymal)	JS (pleural)	EP (parenchymal)	EP (pleural)	JP (parenchymal)	JP (pleural)	B disposition (parenchymal)
4944											
4945	820606R	R	Sandy								
4946											

Person ID	ID	Last Name	First Name	B disposition (plural)	LDS Referral	LDS Referral Name	LDS Referral Gift Sent	LDS Referral Gift Sent Date	Reader_Mailings_Hidden	Pcp_Results_Hidden
4944					FALSE				TRUE	FALSE
4945	820606	H	Sandy		FALSE				TRUE	FALSE
4946					FALSE				TRUE	FALSE

Person ID	ID	Last Name	First Name	Pre_7_1_2011_Screening	CXR InvoiceDate	CXR InvoiceID	CT InvoiceDate	CT InvoiceID
4944				FALSE				
4945	820606	Sandy		FALSE				
4946				FALSE				